



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 MAY -1 AM 10: 54

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Action Drain and Rooter Idaho LLL

2. The complete street and mailing addresses of the initial designated office:

1190 NW Bluegrass Circle, Mtn. Home, ID 83647
(Street Address)

PO box 1079 Mtn. Home, ID 83647
(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Roger Jonas
(Name)

1190 NW. Bluegrass Circle, Mtn. Home
(Street Address) ID 83647

4. The name and address of at least one member or manager of the limited liability company:

Name	Address
<u>Brent McLaws</u>	<u>16618 N. Lincoln Cincinnati Ct Spokan WA 99200</u>
<u>Roger Jonas</u>	<u>1190 NW Bluegrass Circle, Mtn Home ID 83647</u>
_____	_____
_____	_____
_____	_____

5. Mailing address for future correspondence (annual report notices):

PO box 1079 Mtn. Home, ID 83647

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature [Signature]
Typed Name: Roger Jonas

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/01/2013 05:00
CK: 1382061 CT: 172099 BH: 1371953
I @ 100.00 = 100.00 ORGAN LLC # 2

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