



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 11 MAY -2 AM 8:58

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Amp Electric, LLC

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

108 S Dart St

(Street Address)

Post Falls ID 83854

(Mailing Address, if different than street address)

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

R. Scot Haug, CPA

(Name)

917 N Spokane St Post Falls ID 83854

(Street Address)

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

Name

Address

Joshua Haralson

108 S Dart St Post Falls, ID 83854

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

917 N Spokane St Post Falls ID 83854

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

Signature of a manager, member or authorized person.

Signature

Josh Haralson

Typed Name: Joshua Haralson

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/02/2011 05:00
CK: 1286 CT: 258368 BH: 1271859
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