



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 MAR -4 AM 8:13

SECR. OF STATE
STATE OF IDAHO1. The name of the limited liability company is:Water Wizards, LLC2. The complete street and mailing addresses of the initial designated/principal office:5620 Talcache Road, Eagle, ID 83860

(Street Address)

(Mailing Address, if different than street address)

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

(Name)

5620 Talcache Road, Eagle, ID 83860

(Street Address)

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

Name

5620 Talcache Rd. Eagle, ID 83860

Address

5. Mailing address for future correspondence (annual report notices):Same as All Above6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Typed Name Terry Miller

Secretary of State use only

Signature _____

Typed Name: _____

IDaho SECRETARY OF STATE
 03/04/2011 05:00
 CK: 178 CT: 256161 BH: 1262637
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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