

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVI

10 MAR 15 AM 9: 13

CE TO V	(Instructions on back of	of application)	SECRETARY OF A
1. The	e name of the limited liability comp	pany is:	SECRETARY OF STATE STATE OF IDAHO
F	PIPEMASTER-PLUM	WRING L.L.C.	
	The complete street and mailing addresses of the initial designated/principal office:		
니 (Str	1279 W. HEARST ST	T. MERIDIAN ID, 8	3642
(Ma	ailing Address, if different than street address)		
3. The	The name and complete street address of the registered agent:		
(Na	henneth Duplex	4279 W. HEARST: (Street Address) ID, 83642	ST. MERIDIAN
4. The	4. The name and address of at least one member or manager of the limited liability company:		
17	Name	Address Address	
¥	hemeth Duplex	IDAHO, 83642	ST. MERIDIAN
: -			
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5. Mailing address for future correspondence (annual report notices): 4279 W. HEARST ST. MERIDIAN FDAHO, 83642			
6. Futi	ure effective date of filing (optiona	h):	-
Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).			
_		Secretary	of State use only
Signature			
Signatu	ire	UT/20e	IDAND SECRETARY OF STATE