

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

12/17/2 All 9:40

TE 2	(Instructions on bac	k of application)	0-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2
1.	The name of the limited liability co	empany is:	\$25.
	CLEAF	RWATER PLUMBING, LLC	_
2.	The complete street and mailing at 4109 JESSIE LANE, NAMPA, IDAHO 8		esignated office:
	(Street Address)		
	(Mailing Address, if different than street address)		,
3.	The name and complete street address of the registered agent:		
	DAVID STEPHENSON (Name)	4109 JESSIE LANE, NA	MPA, IDAHO 83686
4.	<ol> <li>The name and address of at least one member or manager of the limited liabilit company:</li> </ol>		
	<u>Name</u>		Address
	DAVID STEPHENSON	4109 JESSIE LANE, NAMPA, IDAHO 83686	
	LADELLE STEPHENSON	4109 JESSIE LANE, NA	MPA, IDAHO 83686
5.	Mailing address for future correspo	ondence (annual report	notices):
	4109 JESSIE LANE, NAMPA, IDAHO 83	3686	
6.	Future effective date of filing (optional):		
	nature of a manager, member o	r authorized	
μο.	و برو مراجع		Secretary of State use only
_	nature <u>Manie</u> Styphins	and	
Тур	ped Name: DAVID STEPHENSON		•
Sig	nature Xay Ma Styl		IDAHO SECRETARY OF STATE 04/02/2012 05:00
Тур	ed Name: LADELLE STEPHENSON		CK: 5438 CT: 258834 BH: 1317947

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CK: 5438 CT: 268834 BH: 1317947 1 8 100.00 = 100.00 ORGAN LLC # 2