



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 DEC 13 AM 9:23

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

WATERMASTER PLUMBING LLC

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

1265 COTTAGE POCATELLO, ID 83201

(Street Address)

(Mailing Address, if different than street address)

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

DAVID K BOTT

(Name)

1265 COTTAGE POCATELLO, ID 83201

(Street Address)

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

Name	Address
DAVID K BOTT	1265 COTTAGE
	POCATELLO, ID 83201
MARIA A WOOD	1265 COTTAGE
	POCATELLO, ID 83201

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

1265 COTTAGE POCATELLO, ID 83201

6. Future effective date of filing (optional):

Signature of a manager, member, or authorized person.

Signature DAVID K BOTT

Typed Name: DAVID K BOTT

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/13/2010 05:00
CK: 432 CT: 253456 DH: 1250562
1 @ 100.00 = 100.00 ORGAN LLC # 2

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