



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

## FILED

2014 OCT -7 AM 8:40

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Artisan Backflow & Sprinkler LLC

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

3946 Pepperwood Dr. Boise, ID 83704  
(Street Address)

(Mailing Address, if different than street address)

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

Dimas I. Ferreira  
(Name)

3946 Pepperwood Dr. Boise, ID  
(Street Address) 83704

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

<u>Name</u>	<u>Address</u>
<u>Dimas I. Ferreira</u>	<u>3946 Pepperwood Dr. Boise, ID</u> <u>83704</u>
_____	_____
_____	_____
_____	_____

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

3946 Pepperwood Dr. Boise, ID 83704

6. Future effective date of filing (optional):

Jan. 1st 2015

Signature of a manager, member or authorized person.

Signature [Handwritten Signature]

Typed Name: Dimas Ferreira

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

10/07/2014 05:00

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