

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 JUN -1 AM 10: 22

| (4.12.1.2.1.2.1.2                                     | , | CEOPER  |  |
|---|---|---|--|
| 1. The name of the limited liab                       | oility company is:                      | SECRETARY OF STATE<br>STATE OF IDAHO                        |  |
| Watts Electric LLC                                    |   | THE OF IDAHO  |  |
| 2. The complete street and ma                         | illing addresses of the i               | initial designated office:                                  |  |
| 3 N. Division   | Pinehurst, ID 83850                     |   |  |
| (Street Address)                                      |   |   |  |
| PO Box 150 (Mailing Address, if different than street | Pinehurst, ID 83850                     |   |  |
| 3. The name and complete stre                         | ·                                       | stered agent:   |  |
| Lawanna Watts   | 202 Crescent D                          | 202 Crescent Drive Pinehurst, ID 83850                      |  |
| (Name)  | (Street Address)                        |   |  |
| company:<br><u>Na</u> me                              |   | Address   |  |
| <u>Na</u> me  |   | Address   |  |
| Lawanna Watts   | 202 Crescent D                          | rive Pinehurst, ID 83850                                    |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
| 5. Mailing address for future co                      | ,                                       | report notices):  |  |
| PO Box 150 Pineh                                      | urst, ID 83850                          |   |  |
| Euturo offoativo data of filipo                       | r (antional):                           |   |  |
| <ol><li>Future effective date of filing</li></ol>     | J (Optional).                           |   |  |
| Signature of a manager, men                           | nhar or authorized                      |   |  |
| erson.  | nocr or authorized                      |   |  |
|   | T 2/2                                   | Secretary of State use only IDAHO SECRETARY OF STATE        |  |
| Signature   | 12/10                                   | 06/01/2015 05:00  |  |
| yped Name: Lawanna Watts                              |   | CK:5743 CT:310842 BH:14777:<br>16 100.00 = 100.00 ORGAN LLC |  |
| Signature   |   |   |  |
| ·····   |   | _   |  |

WI52365

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