

Typed Name:

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY CONTRACTOR

10 FEB 22 AM 9

	(Instructions on back of appli	ication)	SECO :- 417 9: 23
1. 1	The name of the limited liability company is	s:	SECRETARY OF STATE STATE OF IDAHO
	Paramount P	yro FX, LLC.	of IDAHO
2. 1	The complete street and mailing addresses	of the initial design	ated/principal office:
	217 N. 3rd West, Re	_	
	(Street Address)		
	(Malling Address, if different than street address)		
3. 1	The name and complete street address of the registered agent:		
	Nancy Wilde	217 N. 3rd West, Rext	ourg, Idaho 83440
	(Name) (Street A	Address)	
	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	Address	
	Nancy Wilde	217 N. 3rd West, Rexburg, Idaho 83440	
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		<u> </u>	
			<b>.</b>
5. N	Mailing address for future correspondence (	annual report notic	as):
<b>.</b>	217 North 3rd West, R	•	,-
6. F	uture effective date of filing (optional):		
_	ature of organizer(s). (An organizer is a member,	, or is	A STATE OF THE STA
acting	in behalf of a member or members).	Se	cretary of State use only
Signs	ature Sance Welde	PMO.	
Typed Name: Nancy Wilde		ON/2008	
, <del>, , pc</del>		— Barcert	TRAUM CEMPETADY OF CTATE
Signa	ature	.LC fan 07/200	02/23/2010 05:00 3071 CT: 245180 BH: 129921
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