

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

2015 APR 22 AM 8: 49

<u> </u>	(instructions of	n back of application	•	
The name of the limited liability company			SECRETARY OF STATE STATE OF IDAHO	
	eptic, LLC			
•	plete street and mail	•	initial designated office:	
(Street Addr	ress)			
(Mailing Add	dress, if different than street ac	ldress)		
The name	e and complete stree	et address of the reg	istered agent:	
Ryan Spiers		1607 W. 1st st. Meridian, Id. 83642		
(Name)		(Street Address)		
. The name company		east one member o	manager of the limited liability	
	Name		Address	
Ryan Spi	ers	1607 W. 1st S	t. Meridian, ld. 83642	
,				
<del></del>				
<u>,                                     </u>				
<del></del>				
			•	
•	ddress for future cor	•	al report notices):	
1607 W.	1st St. Meridian, Id. 8364	92 		
Future ef	fective date of filing	(optional):		
	iodivo dato of ining	(optional)		
gnature of	f a manager, memi	per or authorized		
		•	Secretary of State use only	
gnature <u></u>			IDAHO SECRETARY OF STATE 84/22/2015 05:80	
yped Name	Nyan	piers	CK:5780 CT:266166 BH:14721 10 100.00 = 100.00 ORGAN LLC	
gnature				
yped Name	• •			

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