

Signature _____
Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

08 JUL 11 PM 12:50

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

ne name of the limited liability comp	•
Jordan's El	ectric and Controls LLC
The complete street address, and mai principal office:	iling address if different, of the initial designated
16583 Madera	a Way Caldwell, ld 83607
The name of the commercial registere address of the non-commercial register	ed agent; or the name and complete street ered agent:
Joseph L Jordan 1658	33 Madera Way Caldwell, Id 83607
The name and address of at least one company:	member or manager of the limited liability
Name	Address
Joseph L Jordan	16583 Madera Way Caldwell, ld 83607
•	
	
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	•
Antina address for figure and a surface	
Mailing address for future corresponde	
16583 Mader	a Way Caldwell Id 83607
• •	
Future effective date of filing (optional)):
ature of an organizer(s). (An organizer is	a member,
cting in behalf of a required, and existing, init	
mbers).	Secretary of State use only
	OND R. P. P. MD
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IDAHO SECRETARY OF STATE 97/11/2008 05:20 CK: CASH CT: 227775 BH: 1126679 1 0 100.00 = 100.00 ORGAN LLC # 2

