

FILED-EFFECTIVE

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

ENFLUID, LLC

2. The complete street address, and mailing address if different, of the initial designated/ principal office:

2970 E. Shadowwolf Dr. Eagle, ID, 83616

3. The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:

Corporation Service Company

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

Name**Address**

AARON D KING

2970 E. SHADOWWOLF DR. EAGLE ID 83616

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

2970 E. Shadowwolf Dr. Eagle, ID, 83616

6. Future effective date of filing (optional):

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Corporation Service Company, organizer

Signature _____

Typed Name: Tierra Torres

Signature _____

Typed Name: _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
10/06/2008 05:00
CK: 200186687 CT: 164064 BH: 1138883
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W 78187