

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 DEC 17 PH12: 41

1.	The name of the limited liability cor	mpany is: STATE OF IDAHO
	D an	nd D Fireplace Services LLC.
2.	The complete street and mailing addresses of the initial designated/principal office:	
	3599 S Orleans Pt Meridian, Idaho 83642 (Street Address)	
3.	The name and complete street address of the registered agent:	
	Edward Dawkins	3599 S Orleans PI Meridian, Idaho 83842
	(Name)	(Street Address)
4.	The name and address of at least of company:	one member or manager of the limited liability
	Edward Dawkins	3599 S Orleans Pl Meridian, Idaho 83642
5.	Mailing address for future correspondence (annual report notices):  3599 S Orleans PI Meridian, Idaho 83642	
	3384 3 C/R	Sans Fi Meridan, Idano OSONE
6.	Future effective date of filing (option	nal):
	nature of organizer(s). (An organizer is a	a member, or is
acti	ng in behalf of a member or members).	Secretary of State use only
Sig	nature EUW ALL	Mend of 172008 CLODAL ON CAMPAIN CALOUR LAND
	ped Name: Edward Dankins	
		clement and the second
Sig	nature	4 CEL 0 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Tvr	ned Name:	TROUG GEOGRAPH OF CTATE

12/17/2009 05:00 CK: CASH CT: 243100 BH: 1199675 1 0 100.00 = 100.00 ORGAN LLC 1: