

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 APR 11 PM 3: 07

SECRETARY OF STATE

1.	The name of the limited liability company is:		STATE OF IDAHO	
	Idaho V	Vater Management LLC		
2.	The complete street and mailing add 4024 Emerald St. Boise, Idaho 83713 (Street Address) P.O. Box 99 Eagle, Idaho 83616 (Mailing Address, if different than street address)	dresses of the initial designa	ted office:	
3.	The name and complete street address of the registered agent:			
	Michael Harrison (Name)	4024 Emerald St. Boise, Idaho 8 (Street Address)	3713	
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>	Address	ì	
	Michael Harrison	P.O. Box 99 Eagle, Idaho : 836	,16	
5.	Mailing address for future correspon	dence (annual report notices	s):	
	P.O. Box 99 Eagle, Idaho 83616			
6.	6. Future effective date of filing (optional):			
	nature of a manager, member or son.			
Siq	nature II. Fram	Secre	etary of State use only	
_	ped Name: Michael Harrison		BANG DESCRIPTION OF STATE	
• •		947	DAHO SECRETARY OF STATE /11/2012 05:00	
Sig	nature		589 CT: 172099 BH: 1319380 .00 = 100.00 ORGAN LLC # 2	
	ped Name:		W LL2950	
• •			William	