

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)	
1. The name of the limited liability company is: 510ck Water L	SECRETARY OF CHATE STATE OF IDARO
2. The complete street and mailing addresses of the initial designated/principal office:	
(Street Address) St Maries, Id 8380 (Mailing Address, if different than street address)	e Rd
3. The name and complete street address of the registered agent:	
Arlo Slack 248 Ever (Name) (Street Address)	stMaries, Id 83861
The name and address of at least one member or manager of the limited liability company:	
Ailo Slack 248 Eu	Address evgreen Terrace Rd
5. Mailing address for future correspondence (annual report notices):	
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized	
Signature Plo Stack	Secretary of State use only
Signature // Slack Typed Name: A-lo Slack	
Signature Typed Name:	IDAHO SECRETARY OF STATE 10/17/2011 05:00 CK: 6861 CT: 263368 BH: 1294533 1 8 100.00 = 100.00 ORGAN LLC # 2