

Signature \_\_\_\_

Typed Name: \_\_\_\_\_

CERTIFICATE OF ORGANIZATION  LIMITED LIABILITY COMPANY
(Instructions on back of application)
1. The name of the limited liability company is: NWAT_L.L.C.
2. The complete street and mailing addresses of the initial designated office:  514 Fast 45th Street Unit 14, Be: Garden City ID 83113  (Street Address)
(Mailing Address, if different than street address)
3. The name and complete street address of the registered agent:  (Name)  25/10 V Jefferson St Boise Fd 8370Z  (Street Address)
The name and address of at least one member or manager of the limited liability company:      Name     Name     Address
Craix Robert Crist 2516 W JAFTERSON & BOISE ID 8370 Sean Crist 2574 W. Madison Ed Boise ID 83707
5. Mailing address for future correspondence (annual report notices):  5/4 East 45 Street Unit 14 Garden City ID 83713
6. Future effective date of filing (optional):
Signature of a manager, member or authorized person.
Signature Secretary of State use only  Typed Name: Craig R Crist

IDAHO SECRETARY OF STATE 영건/건1/건년1건 년5:60 CK: 1216 CT: 267187 BH: 1311431 1 월 100.00 = 100.00 ORGAN LLC # 2