

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

DEC 10 AMII: 01

(Instructions of back	or application)	77.0 41111.01
The name of the limited liability comp Leading Edge Electric L.L.C.	pany is:	SECRE STATE STATE OF IDAHO
and the name of the initial registered Tim Lawrence	agent at the above add	dress is:
-		
Management of the limited liability co	mpany will be vested ir	10
Manager(s) ☐ or Member(s) ✓	(please check the appropri	ate box)
address(es) of at least one initial mar	nager. If management i	s to be vested in the
Name		Address
Tim Lawrence	808 10th Ave South	, Nampa, Idaho 83651
A 1870		
Signature of at least one person resp	onsible for forming the	limited liability company:
- 1		Secretary of State use only
	्र - CO - CO	
Capacity: <u>Member</u>	ive E Syc	
Signature	irms)artsi	IDANO SECRETARY OF STATE
	NSHTC to	12/10/2004 05: CK: CASH CT: 184272 BH: 78
	Sorbiba Ke	1 € 188.86 ≈ 188.88 UNGHA L
	The name of the limited liability completeding Edge Electric L.L.C. The street address of the initial regist 808 10th Ave South, Nampa, Idaho and the name of the initial registered Tim Lawrence The mailing address for future corres 808 10th Ave South, Nampa, Idaho Management of the limited liability company or Member(s). If management is to be vested in one address(es) of at least one initial man member(s), list the name(s) and addiname Tim Lawrence Signature of at least one person responsionations. Signature: Typed Name: Tim Lawrence Capacity: Member Signature Typed Name: Tim Lawrence Signature Typed Name: Tim Lawrence	The name of the limited liability company is: Leading Edge Electric L.L.C. The street address of the initial registered office is: 808 10th Ave South, Nampa, Idaho 83651 and the name of the initial registered agent at the above add Tim Lawrence The mailing address for future correspondence is: 808 10th Ave South, Nampa, Idaho 83651 Management of the limited liability company will be vested in Manager(s) or Member(s) light (please check the appropriate address(es) of at least one initial manager. If management is member(s), list the name(s) and address(es) of at least one Name Tim Lawrence 808 10th Ave South Signature of at least one person responsible for forming the Signature: Typed Name: Tim Lawrence

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