

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE 09 MAR 19 AM 8: 26

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

. The name of the limited liability com	mpany is: STATE OF IDAHO
Cree	ekside Plumbing, LLC
	dresses of the initial designated/principal office:
· · · · · · · · · · · · · · · · · · ·	reek Road, Riggins, Idaho 83549
(Street Address) P.O. Box	367, Riggins, Idaho 83549
(Mailing Address, if different than street address)	
The name and complete street addre	ress of the registered agent:
Jonathon D. Hallin	200 E. Park Street, McCall, Idaho 83638
(Name)	(Street Address)
The name and address of at least or company:	ne member or manager of the limited liability
Name	Address
Clifford T. Mead	P.O. Box 367, Riggins, Idaho 83549
Mailing address for future correspon	ndence (annual report notices):
P.O. Box	367, Riggins, Idaho 83549
Future effective date of filing (options	nal):
nature of organizer(s). (An organizer is a	a member, or is
ng in behalf of a member or members).	
	Secretary of State use only
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ped Name: / Jonathon D. Hallin, ISB#	#7253 & W 8243b
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