

CERTIFICATE OF ORGANIZATIONILED EFFECTIVE LIMITED LIABILITY COMPANY 2013 AUG 23 AM 8: 54

AE 5	(Instructions on ba	ack of application)	
1.	The name of the limited liability	company is: SECRETARY OF STATE OF IDAL	STATE 40
2.		addresses of the initial designated office:	
	(Mailing Address, if different than street addres	s)	
3.	The name and complete street address of the registered agent:		
	Frank W. Stoppello	620 W. Hays Street, Boise, ID, 83702	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	<u>Address</u>	
	Frank W. Stoppello	620 W. Hays Street, Boise, ID, 83702	
5.	Mailing address for future corres 620 W. Hays Street, Boise, ID, 83702	pondence (annual report notices):	
6.	Future effective date of filing (opt	tional):	
_	nature of a manager, member		
_	nature W. Stoppello	Secretary of State u	se only
•			ARCTARY OF STATE
Signature			CRETARY OF STATE 2013 05:00
Тур	ed Name:	CK: 9588 CF 1 9 180.89 =	: 98384 BH: 1387226 100.00 DRGAN LLC #

W128535