

Typed Name: 8 Sarie

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

7017 CEP __C

	(Instructions on back	of application)		or ser -b AM	
1.	The name of the limited liability cor	mpany is:	· ·	SECRETARY OF S STATE OF IDAH	TATE
	Justin and S	arie W	•	ON OF IDAH	0
2.	The complete street and mailing ad		- ,		
	2166 E HANDEL S		_		,
	(Street Address)				
	(Mailing Address, if different than street address)				<u> </u>
3.	The name and complete street address of the registered agent:				
		• •			, ,
	RICK SAGER	4850 N (Street Address)	. ROSE PO	NT WAT 3	104
	(13.10)	(offeet Address)	BOISE, 10	85713	
4.	The name and address of at least of company:	one member or r	manager of the	limited liability	
	Name		Address		
	Justin Hurd	2166 E	HANDEL :	ST MERIDIAN	1,10 8 64
	Sarle Hurd		11		
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				•	
5.	Mailing address for future correspon	ndence (annual	report notices):	
	SAME AS LINE	2			
			<u></u>		
6.	Future effective date of filing (option	nal):	·		
_	gnature of a manager, member or rson.	authorized			
	~ 1.011		Secret	ary of State use only	
_	nature				
Тур	ped Name: Justin Hur	<u>a</u>			
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IDAHO SECRETARY OF STATE
09/06/2012 05:00
CK: 109 CT: 274005 BH: 1338767
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