



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

2012 AUG 30 AM 9:29

1. The name of the limited liability company is:

Broken D Recovery & Salvage LLC

SECRETARY OF STATE  
STATE OF IDAHO

2. The complete street and mailing addresses of the initial designated office:

240 w. 600 n. Malad ID 83252

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Jeff D Daniels

(Name)

240 w. 600 n. Malad ID 83252

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name	Address
<u>Jeff D Daniels</u>	<u>240 w. 600 n. Malad ID 83252</u>
<u>Terrance Daniels</u>	<u>240 w. 600 n. Malad ID 83252</u>

5. Mailing address for future correspondence (annual report notices):

240 w. 600 n. Malad Idaho 83252

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature   
Typed Name Jeffrey D Daniels

Signature   
Typed Name: Terrance J Daniels

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/30/2012 05:00  
CK: 2184 CT: 184976 BH: 1337959  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

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