

FILED EFFECTIVE

}	(Instructions on bac	k of application)	SECRETARY or some
. 1	The name of the limited liability co	ompany is:	SECRETARY OF STATE STATE OF IDAHO
!. ግ	The complete street and mailing at 320 2ND AVE NORTH TWIN FALLS ID (Street Address)		designated office:
	(Mailing Address, if different than street address)		
. 1	The name and complete street address of the registered agent:		
	JAY BRIDE	320 2ND AVE N TWIN FALLS ID 83301	
	(Name)	(Street Address)	
	The name and address of at least one member or manager of the limited liability company: Name Address		
	JAY BRIDE	320 2ND AVE N TWIN FALLS ID 83301	
	JEFF BLICK	332 FEDERATION ROAD TWIN FALLS ID 83301	
. 1	Mailing address for future correspo 320 2ND AVE NORTH TWIN FALLS ID	•	t notices):
, F	Future effective date of filing (optional):		
-	ature of a manager, member o	or authorized	
	on.	g gel de 14. * el 14. Handessensines skr	Secretary of State use only
_	ature 44	<u>. </u>	IDAHO SECRETARY OF STAT
ype	ed Name. JEFE BLICK		87/87/2814 85:00

07/07/2014 05:00

CK:3472 CT:218695 BH:1432146

10 100.00 = 100.00 DRGAN LLC #2

W139732

Typed Name: JAY BRIDE