

LIMITED LIABILITY COMPANYFILED EFFECTIVE **CERTIFICATE OF ORGANIZATION**

(Instructions on back of application) 12 FF3 -6 53 8: 50

1.	The name of the limited liability com	pany is: GRH Draper LL	SECRETARY OF STATE STATE OF IDEAD	
2.	The complete street and mailing addresses of the initial designated office: 855 Broad Street, Suite 300, Boise, ID 83702-7154 (Street Address)			
	(Mailing Address, if different than street address)	<u> </u>	<u> </u>	
3.	The name and complete street address of the registered agent:			
	Rob G. Dickinson (Name)	855 Broad St	reet, Suite 300, Boise, ID 83702-7154	
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>	<u>Address</u>		
	Gary R. Hawkins	855 Broad Street, Suite 300, Bolse, ID 83702-7154		
5.	Mailing address for future correspondence (annual report notices): 855 W Broad Street, Suite 300, Boise, ID 83702-7154			
6.	Future effective date of filing (optional):			
_	nature of a manager, member or soon.	authorized	Country of Olylows and	
Sigi	nature 7		Secretary of State use only	
	ed Name: Rob G. Dickinson, Registered	Agent		
Sigi	nature		IDAHO SECRETARY OF STATE 82/96/2012 05:00 CK: WINF CT: 218912 RH: 1289222	
Typed Name:			1 9 100.00 = 100.00 ORGAN LLC # 2 1 9 20.00 = 20.00 EXPEDITE C # 3	

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