



2015 MAY 14 AM 8 41

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

DANIEL MERLON, LLC

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

6265 SOUTH POWERLINE NAMPA, ID 83686

(Street Address)

(Mailing Address, if different than street address)

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

DANIEL M CHRISTENSEN

(Name)

6265 SOUTH POWERLINE NAMPA, ID 83686

{Street Address}

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

Name**Address**

DANIEL M CHRISTENSEN

6265 SOUTH POWERLINE NAMPA, ID 83686

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

6265 SOUTH POWERLINE NAMPA, ID 83686

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: DANIEL M CHRISTENSEN

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

05/14/2015 05:00

UK:112 CT:310201 BH:1475432

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