

FILED EFFECTIVE

251



**CERTIFICATE OF ORGANIZATION  
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2015 MAY 14 AM 8:41

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

DANIEL M CHRISTENSEN

Address

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

Secretary of State use only

Signature

Typed Name:

IDAHO SECRETARY OF STATE

05/14/2015 05:00

CK:112 CT:310201 BH:1475432  
1@ 100.00 = 100.00 ORGAN LLC #2

W151716