

CERTIFICATE OF ORGANIZATION EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)		a) ZUI4 MAY 27 AM IO	
The name of the limited lia	bility company is:	SECRETARY OF STA	
MKFiles, L.L.C.		STATE OF DAKO	
2. The complete street and m 3119 W. Ginger Gold Drive, Ku (Street Address)	•	e initial designated office:	
(Mailing Address, if different than stree	t address)		
3. The name and complete st	reet address of the req	gistered agent:	
Aileen H. Lane	3119 W. Ging	3119 W. Ginger Gold Drive, Kuna, ID 83634	
(Name)	(Street Address)	(Street Address)	
4. The name and address of a company:	at least one member o	r manager of the limited liability	
<u>Name</u> Robert A. Lane		<u>Address</u> 3119 W. Ginger Gold Drive, Kuna, ID 83634	
5. Mailing address for future o	orrespondence (annu	al report notices).	
3119 W. Ginger Gold Drive, Ku	•	arroport houses,.	
	1110,12 00001		
6 Future offective date of filin	va (antional):		
6. Future effective date of filin	ig (optional)		
Signature of a manager, me	mber or authorized		
erson.	,	Secretary of State use only	
Signature A			
		IDAHO SECRETARY OF STATE	
yped Name: Robert A. Lane		05/27/2014 05:00 CK:2747 CT:297291 BH:14263	
		16 100.00 = 100.00 DRGAN LLC	
Signature			
Typed Name:			

W138366