	CERTIFICATE OF	ORGANIZATIO	NFILED EFFECTIVE
	📖 🛛 LIMITED LIABILI	TY COMPANY	2016-07-0
	(Instructions on back	k of application)	2015 DEC 19 AM 11: 04
1.	The name of the limited liability co	mpany is:	SECRETARY OF STATE
		V Direct Perception LLC	E OF IDAHO
2.	The complete street and mailing ac		esignated/principal office:
	755 Grace Ave Idaho Falls Idaho 83402		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street add	Iress of the registered	agent:
	C. Gordon Ward	755 Grace Ave Idaho Fa	alls idaho 83402
	(Name)	(Street Address)	
	Ann Ward	755 Grace Ave Idaho F	alls Idaho 83402
5.	Mailing address for future correspo 755 Grace Ave Idaho Falis Idaho 83402		notices):
	-	2	notices):
6.	755 Grace Ave Idaho Falls Idaho 83402 Future effective date of filing (optio nature of a manager, member o	nal):	
6. Sigi pers	755 Grace Ave Idaho Falls Idaho 83402 Future effective date of filing (optio nature of a manager, member o son.	nal): r authorized	Secretary of State use only IDAHO SECRETARY OF STATE
6. Sigi pers Sigi	755 Grace Ave Idaho Falls Idaho 83402 Future effective date of filing (optio nature of a manager, member o	nal): r authorized <u>&amp; <i>i5, 2 a</i> 6</u>	Secretary of State use only IDAHO SECRETARY OF STATE 12/19/2016 05:00 :2391 CT:332376 BH:155988
6. Sigi pers Sigi Typ	755 Grace Ave Idaho Falis Idaho 83402 Future effective date of filing (option nature of a manager, member of son. nature <u>C. Monto Munto</u> ed Name: <u>C. Gordon Ward</u>	nal): r authorized <u>* 15, 206</u> CR	Secretary of State use only IDAHO SECRETARY OF STATE 12/19/2016 05:00
6. Sigr pers Sigr Typ Sigr	755 Grace Ave Idaho Falis Idaho 83402 Future effective date of filing (optio nature of a manager, member o son.	nal): r authorized $\frac{16}{16}$ $\frac{16}{10}$ $\frac{16}{10}$ $\frac{16}{10}$	Secretary of State use only IDAHO SECRETARY OF STATE 12/19/2016 05:00 :2391 CT:332376 BH:155988 100.00 = 100.00 DRGAN LLC

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