

Typed Name:

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 11 FEB -3 AM 8: 24

(Instructions on back of application)

SECTE THY OF STATE

1.	The name of the limited liability com	npany is: STATE OF IDAHO
2.	The complete street and mailing add 7128 SNOHOMISH ST., BOISE, ID 83709	dresses of the initial designated/principal office:
	(Street Address) 7128 SNOHOMISH ST., BOISE, ID 83709	)
3.	(Mailing Address, if different than street address)  The name and complete street address of the registered agent:	
	ROBERT CONANT (Name)	7128 SNOHOMISH ST., BOISE, ID 83709 (Street Address)
4.	· ,	ne member or manager of the limited liability
	<u>Name</u>	<u>Address</u>
	ROBERT CONANT	7128 SNOHOMISH ST., BOISE, ID 83709
5.	Mailing address for future correspond 7128 SNOHOMISH ST., BOISE, ID 83709	
6.	Future effective date of filing (optional):	
_	nature of a manager, member or	authorized
per	son.	Secretary of State use only
Sia	nature /2	
	ped Name: ROBERT CONANT	
Sig	nature	IDAHO SECRETARY OF STATE 02/03/2011 05:00

CK: 1291 CT: 255079 BH: 1256299 1 @ 100.00 = 100.00 DRGAN LLC # 2

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