



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 12 Find 13 kindle 35

	(Instructions on back	of application)	Store by one
1.	The name of the limited liability con	npany is:	
		D'RAILED LLC	
2.	The complete street and mailing addresses of the initial designated office: 3663 CAPSTONE DR, IDAHO FALLS ID 83401 (Street Address)		
_	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	MARDEL OMAN	380 N BUTTER	FLY DR, IDAHO FALLS ID 83401
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name		Address
	JAY DRAHOTA	AY DRAHOTA 3663 CAPSTONE DR, IDAHO FALLS ID 83401	
	HEATHER PHILLIPP	3663 CAPSTONE DR, IDAHO FALLS ID 83401	
5.	Mailing address for future correspor 3663 CAPSTONE DR, IDAHO FALLS ID	•	report notices):
6.	Future effective date of filing (option	nai):	<u> </u>
	nature of a manager, member or	authorized	
•	nature Mun	e e	Secretary of State use only
Тур	ped Name: // Manager		IDAHO SECRETARY OF STATE
Signature			92/13/2012 05:00 ck. 1944983996 CT: 266966 BH: 131846
Tyr	oed Name:		1 0 190.00 = 100.00 ORGAN LLC # 2

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