

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

11 600 14 60 2:57

TE T	(Instructions on back	k of application)
1.	The name of the limited liability cor	mpany is:
	DOM	MINUS PARTNERS LLC
2.	The complete street and mailing ad 2303 TABLE ROCK ROAD BOISE, IDA	ddresses of the initial designated/principal office:
	(Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	PETROS G. ELIOPULOS	2303 TABLE ROCK ROAD BOISE, IDAHO 83712
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	Name	Address
	PETROS G. ELIOPULOS	2303 TABLE ROCK ROAD BOISE, IDAHO 83712
5.	Mailing address for future correspor 2303 TABLE ROCK ROAD BOISE, IDAH	
<b>6</b> .	Future effective date of filing (option	nal):
Sigr pers	nature of a manager, member or	authorized
	ature JW Full	Secretary of State use only
Тур	ed Name PETROS & ELIOPULOS	<del>}</del>
Sign	ature	IDAHO SECRETARY OF STATE
Туре	ed Name:	CK: 5445 CT: 223469 BH: 126888

cert\_org\_lic Rev. 07/2010

CK: 3445 CI: 223469 RM: 1268883 1 0 100.00 = 100.00 GRGAN LLC # 6 1 0 20.00 = 20.00 EXPEDITE C # 7

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