CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY (Instructions on back of application) 1. The name of the limited liability company is: DVT APPAREL 4C 2. The complete street and mailing addresses of the initial design 2640 EASTVIEW DR. IDAHD FAUS, 10. 83 (Street Address)	
(Mailing Address, if different than street address) 3. The name and complete street address of the registered agent:	
NICK ROBISON 2640 EASTVIEW SR (Name) (Street Address)	10AHO FALLS, 10. 83401
<ol> <li>The name and address of at least one member or manager of the limited liability company:</li> <li>Name Address</li> </ol>	
NICK ROBISON 2640 BASTVIEW DR 1	04 Ho FALLS, 18. 83401
5. Mailing address for future correspondence (annual report notices):	
2640 GASTVIEW DR. IDAHO FALLS, ID. 83401	
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized person.	ecretary of State use only
Signature	10210 SECRETARY OF STATE 08/07/2014 05:00
Typed Name: NICK KOBISON CK:20	00/07/2014 05.00 054 CT:299853 BH:1436434 .00 = 100.00 ORGAN LLC #
Signature	· •
Typed Name:	N 140907

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