

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

 08 AUG 14 AM 8:54  
 SECRETARY OF STATE  
 STATE OF IDAHO

1. The name of the limited liability company is:

My Silpada, MDC LLC

2. The complete street and mailing addresses of the initial designated/principal office:

18 Haystack Court, Donnelly, Idaho 8315

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Marva Don Card

(Name)

18 Haystack Court, Donnelly, Idaho 83615

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

NameAddress
Marva Don Card
18 Haystack Court, Donnelly, Idaho 83615

5. Mailing address for future correspondence (annual report notices):

P.O. Box 943
Donnelly, Idaho 83615

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

Marva Don Card

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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 Revised 07/2008

 IDAHO SECRETARY OF STATE  
 08/14/2008 05:00  
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