

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 JAN 21 AM 9: 28

T. T.	(Instructions on	back of application)	Mark V. Har
1.	I. The name of the limited liability company is:		STATES SAME
2.	The complete street and mailing addresses of the initial designated office:		
	Natalie Black		
	(Street Address) 260 Evergreen Drive, Idaho Falls, Idaho 83401		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Natalie Black	260 Evergreen Drive, Idaho Falls, Idaho 83401 (Street Address)	
	(Name)		
	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u> Natalie Black	Address	
	Natalie Black 260 Evergreen Drive, Idaho Falls, Idaho 83401		Idano Falls, Idano 83401
5.	Mailing address for future correspondence (annual report notices):		
	Natalie Black, 260 Evergreen Drive.		•
6. Future effective date of filing (optional):			
Sign	nature of a manager, membe	ar∽or authorized	
pers			
Sign	pature Mutable Sch	ich	Secretary of State use only
_	ed Name: Natalie Black		W133381
Sian	ature		IDAHO SECRETARY OF STATE
_	ed Name:		01/21/2014 05:00 CK: 7976 CT: 291939 BH: 1486754
ype	or Hame.		1 2 100.00 = 106.00 DRGAN LLC # 2

cert_org_lic Rev. 07/2010

9/21/2012