CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

11 FEB -9 AM 8: 23

1.	The name of the limited liability	y company is:	mpany is:		SEC. 17 OF STATE STAD. OF IDAHO	
2.	The complete street and mailin	g addresses of t	he initial	designated	/principal office:	
	1565 W. 200 N	Blackfoot		ID	83221	
	(Street Address)		-			
	(Mailing Address, if different than street add	ress)		· · · · · · · · · · · · · · · · · · ·		
3.	The name and complete street	address of the r	egistere	d agent:		
	Trina Christensen	1565 W. 200 N		Blackfoot	ID 83221	
	(Name)	(Street Addre	ss)			
4.	The name and address of at le company:	ast one member	or mana	nger of the li	mited liability	
	<u>Name</u>			<u>Address</u>		
	Trina Christensen	1565 W. 200	N	Blackfoot	ID 83221	
	Carlos Christensen	u u	<u> </u>		1	
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5	Mailing address for future corre	spondence (ann	ual repo	rt notices):		
U .	1565 W. 200 N	Blackfoot	ID	83221		
	1303 W. 200 IV	- Indianot				
6.	Future effective date of filing (o	ptional):				
	3 (-					
Sia	nature of organizer(s). (An organiz	er is a member, or is	.			
_	ng in behalf of a member or members)					
	Min Alex	+	Q.	Secretary	of State use only	
_	nature <u>June Chris</u>	less	2			
Тур	ped Name: Trina Christensen	<u> </u>	roent_o			
	// la VI. +	•	; forma 7/2008			
_	nature (and) music		metal.c			
Typ	ped Name: Carlos Christensen		g'ronptomstLC formstoar_org_fic.PMD Revised 07/2008	02/0		į
			- S	CK: 1405	5 CT: 255309 BH: 1259244 HA = 100.00 DRGAN LLC #	2