

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

SECRETAR SECRETAR

	(Instructions on bac	ck of application)	SECRETARY OF a	
1.	The name of the limited liability co	ompany is:	STATE OF DARIO	
2.	The complete street and mailing addresses of the initial designated office: 206 Center St, McCammon, ID 83250 (Street Address) 2398 E. Price Rd, McCammon, ID 83250 (Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Aaron Hunsaker (Name)	2398 E. Price Rd, McCami (Street Address)	non, ID 83250	
4.	The name and address of at least one member or manager of the limited liability company:			
	Name Aaron Hunsaker	Ad 2398 E. Price Rd, McCamr	Idress mon, ID 83250	
5. Mailing address for future correspondence (annual report notices): 2398 E Price Rd, McCammon, ID 83250				
6.	6. Future effective date of filing (optional):			
Sigr pers	nature of a manager, member of son.	r authorized		
Sigr	nature CAA		Secretary of State use only	
	ed Name: Aaren Hunsaker			
	ed Name:		IDAHO SECRETARY OF STATE 07/02/2013 05:00 CK: 160 CT: 284915 BH: 1388496 1 0 100.00 = 100.00 ORGAN LLC # 2	

cert_org_flc Rev. 07/201

W126832