## FILED EFFECTIVE

251	
CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY	10 APR 28 AM 10: 16
(Instructions on back of application)	SECRETARY OF STATE
1. The name of the limited liability company is:	STATE OF IDAHO
2. The complete street and mailing addresses of the initial desig	
4553 n. Eagle Pointe Place	STIAR, DO 83169
(Street Address) P.O. ISOX 749 STAR, DO 8366 (Mailing Address, if different than street address)	<u>9</u>
3. The name and complete street address of the registered ager	nt:
Name) (Name) (Street Address) 874	Le Pointe Macz N. DO 83669
4. The name and address of at least one member or manager of company:	f the limited liability
	Press
Shaken Knop 4535 4. Lage	rness Dr. Calduler ID
Carl Oring 17155 Wille	NEW M. Cultures II
5. Mailing address for future correspondence (annual report not	
P.O. BOX 749 STAR, 10 83669	
6. Future effective date of filing (optional):	
Signature of organizer(s). (An organizer is a member, or is	
	Secretary of State use only
Signature <u>Sharen Knul</u> Typed Name: <u>Sharen Knak</u>	· · · · · · · · · · · · · · · · · · ·
Typed Name:	
Signature	IDAHO SECRETARY OF STATE 04/28/2010 05:00
Typed Name:	LK: 2214 LT: 231145 BH: 1219789 1 0 100.00 = 100.00 DRGAN LLC # 2
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