

Signature\_ Typed Name:

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 SEP 12 AM 9: 26

1.	The name of the limited liability comp	pany is:	SECRETARY OF STATE STATE OF IDAHO
	Van - D	- Kay Industries, LLC	
2.	The complete street and mailing addr	esses of the initial c	- · ·
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Steven Van Parker	1111 Cole Str	eet, Kimberly, ID 83341
	(Name)	(Street Address)	
	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>		Address
	Steven Van Parker	1111 Cole Str	reet, Kimberly, ID 83341
5.	Mailing address for future corresponde	ence (annual report	notices):
	en e		· · · · · · · · · · · · · · · · · · ·
6.	Future effective date of filing (optional	):	
	nature of organizer(s). (An organizer is a m g in behalf of a member or members).	nember, or is	
		QW Q	Secretary of State use only
	nature 3 Val al		
Гуре	ed Name: <u>Steven Van Fe</u>	arken !	W77635

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