

**FILED EFFECTIVE**

# **CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

(Instructions on back of application)

09 AUG 14 AM 8:28  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

D & K Shelley LLC

2. The complete street and mailing addresses of the initial designated/principal office:

3435 Del Rio Circle Idaho Falls Id 83406

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Dixie L Shelley

(Name)

3435 Del Rio Circle Idaho Falls Id 83406

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

Dixie L Shelley

3435 Del Rio Circle Idaho Falls Id 83406

5. Mailing address for future correspondence (annual report notices):

3435 Del Rio Circle Idaho Falls ID 83406

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Dixie L Shelley

Typed Name: Dixie L Shelley

Signature

Terrisa Peterson

Typed Name: Terrisa Peterson

Secretary of State use only

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Revised 07/2006

IDAHO SECRETARY OF STATE  
08/14/2009 05:00  
CK: 2622 CT: 239664 BM: 1102942  
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