

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	CERTIFICATE OF LIMITED LIABIL	
	(Instructions on bac	ck of application)
1.	The name of the limited liability co	ompany is:
	TDII, LLC	1470
2.	The complete street and mailing addresses of the initial designated office: 1820 E 17th Street, Suite 320, Idaho Falls, ID 83404 (Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Travis Johnson	7200 S Culebra Rio, Idaho Falls, ID 83406
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u> Travis Johnson	<u>Address</u>
	Travis Jorinson	7200 S Culebra Rio, Idaho Falls, ID 83406
	K. Darby Smith	10 N 3900 E, Rigby, ID 83442
5.	Mailing address for future correspo	endence (annual report notices):
	1820 E 17th Street, Suite 320, Idaho Fa	
6.	Future effective date of filing (optio	nal):
Sigr pers	nature of a manager, member or	r authorized
<u>٠</u>		Secretary of State use only
-	nature	
туре	ed Name: Travis Johnson	
Sian	nature K.	IDAHO SECRETARY OF STATE
_	ed Name: K. Dark Smith	CK: 7939 CT: 126526 BH: 1368837

1 @ 100.08 = 100.80 DRGAN LLC # 2

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