



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 FEB -3 PM 1:14

STATE OF IDAHO

1. The name of the limited liability company is:

Vent Dri, LLC.

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

1629 W. Silver Crest Dr., Boise, ID 83703
(Street Address)

(Mailing Address, if different than street address)

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

Carrie Simplot 1629 W. Silver Crest Dr., Boise, ID
(Name) (Street Address) 83703

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

Name	Address
<u>Carrie Simplot</u>	<u>1629 W. Silver Crest Dr., Boise, ID</u>
_____	_____
_____	_____
_____	_____

83703

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

1629 W. Silver Crest Dr., Boise, ID 83703

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Carrie Simplot
Typed Name: Carrie Simplot

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/03/2011 05:00
CK: 378 CT: 255092 BH: 1250351
1 @ 100.00 = 100.00 ORGAN LLC # 2

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