



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE
2012 MAR -8 AM 9:06

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Dan Gilly, LLC

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

259 Locust St Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Daniel Gilly

(Name)

259 Locust St Twin Falls, ID 83301

(Street Address)

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

Name	Address
Daniel Gilly	259 Locust St Twin Falls, ID 83301

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

259 Locust St Twin Falls, ID 83301

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

Signature of a manager, member or authorized person.

Signature *Daniel Gilly*
Typed Name: Daniel Gilly

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/08/2012 05:00
CK: CASH CT: 267882 BH: 1314110
1 @ 100.00 = 100.00 ORGAN LLC # 2

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