CERTIFICATE OF LIMITED LIABILI (Instructions on bac 1. The name of the limited liability co	<b>TY COMPANY</b> k of application)	
2. The complete street and mailing an	John and a fight to the fight of a	
1800 north cole rd Apt E105, Bo		
e 105 (Mailing Address, if different than street address)		
3. The name and complete street add	ress of the registered :	agent <sup>.</sup>
	-	
Sam Cisners		105, Boise, ID 83704
(Name)	(Street Address)	
<ol> <li>The name and address of at least or company:</li> </ol>	one member or manag	er of the limited liability
Name		Address
Sam Cisners	1800 north cole rd E	105 Boise, ID 83704
<ol> <li>Mailing address for future correspond to 1800 north cole rd e 105 Boise, I</li> </ol>	• •	notices):
6. Future effective date of filing (optio	nal):	
Signature of a manager, member or person.	r authorized	
		Secretary of State use only
Signature Typed Name: Samuel Cisners		IDAHO SECRETARY OF STATE 01/29/2015 05:00 (:1039 CT:305780 BH:1459381
Signature		100.00 = 100.00 DRGAN LLC
Typed Name:		1 1 1 - 1 - 7
		W147123

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