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## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2010 DEC 29 PM 2: 47

(Instructions on back of application)

SECRETARY OF STATE

The name of the limited liability cor	STATE OF IDAHO
	MyDryFly, LLC
The complete street and mailing ad 2435 Briarcliff, Idaho Falls, ID 83404	Idresses of the initial designated/principal office:
(Street Address) P.O. Box 2364, Idaho Falls, ID 83403 (Mailing Address, if different than street address)	
3. The name and complete street add	
Darren Puetz (Name)	2435 Briarcliff, Idaho Falls, ID 83404 (Street Address)
The name and address of at least of company:	one member or manager of the limited liability
<u>Name</u>	<u>Address</u>
Darren Puetz, Manager	P.O. Box 2364, Idaho Falls, ID 83403
5. Mailing address for future correspondence P.O. Box 2364, Idaho Falls, ID 83403	endence (annual report notices):
6. Future effective date of filing (option	nal):
Signature of a manager, member o person.	
Signature	Secretary of State use only
Typed Name: Darren Puetz	
SignatureTyped Name:	: (************************************