



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

**2016 DEC 12 AM 10:19**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

DT HERNANDEZ, LLC

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

61 NORTH SEABISCUIT AVE NAMPA, ID 83687

(Street Address)

(Mailing Address, if different than street address)

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

DALLIN TOBLER HERNANDEZ

(Name)

61 NORTH SEABISCUIT AVE NAMPA, ID 83687

(Street Address)

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

Name

Address

DALLIN TOBLER HERNANDEZ

61 NORTH SEABISCUIT AVE NAMPA, ID 83687

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

61 NORTH SEABISCUIT AVE NAMPA, ID 83687

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: DALLIN TOBLER HERNANDEZ

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**12/12/2016 05:00**

CK:ND CK# CT:332123 BH:1558927  
10 100.00 = 100.00 ORGAN LLC #2

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