

Typed Name:

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

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. The name of	the limited liability	company is:	OF CARE OF OF
		Badger Ship, LLC	SECRETARY OF STATE OF ID.
6653 Main Str	e street and mailing eet, Bonners Ferry, ID		l designated/principal office:
(Street Address)			
(Mailing Address,	if different than street addre	ss)	
. The name ar	d complete street a	address of the registere	ed agent:
Terry L. Neus	trom	6653 Main Street, Bo	onners Ferry, ID 83805
(Name)		(Street Address)	•
company: Terry L. Neus	<u>Name</u> trom	6653 Main Street, B	Address onners Ferry, ID 83805
Terry L. Neus	u OIH		
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:	and for fire up as-	anandanaa (aanual ran	port notices):
	ess for future corre reet, Bonners Ferry, ID	spondence (annual rep 83805	ort Houdes).
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6. Future effec	tive date of filing (o	ptional):	<u>.:</u>
-	manager, membe	er or authorized	
erson.	// 1/		Secretary of State use only
ignature	12/1/2	isin	•
yped Name: T	erry L. Neustrom		
			IDAHO SECRETARY OF STATE
ignature			11/10/2011 05:40 CK: 1991 CT: 264854 BH: 129761
vned Name:			1 @ 100.00 = 100.00 DRGAN LLC #

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