

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

	(Instructions on back of application)					S 9: 45	
1.	The name of the	limited liability comp	pany is:		SECT S	B TARY TATE OF	THE LIATE IDANO
	Half P	rice Wir.	cless	44	٠. د		
2.		eet and mailing addr				ffice:	
	1443	N Milwa			-		
	(Mailing Address, if diffe	T d 83 erent than street address)	707				
3.	The name and complete street address of the registered agent:						
	1)	$\overline{}$. 1		. .	D
	(Name)	Rood	(Street Address)	<u>~</u>	MI.I wau	FRE	<u>20186 15</u>
							03709
4.	The name and address of at least one member or manager of the limited liability						
	company:	Name			Address		
	1)	Name	9049	(a)	ZHATESS	21	0
	VERNON	L Rood	Boise	01	83704		166
	······						
E	Mailing address f	for future correspond	anaa /annii				
IJ.	Mailing address for future correspondence (annual report notices):						
	1173	NITWE	<u>tec</u>				
6.	Future effective of	date of filing (optional	l):				
	7	ager, member or a	uthorized				
per	son.		Г		Secretary of	State use	only
Sigi	nature	-XX	e				
_	ed Name: V-	mon L Ro	٩				

IDAHO SECRETARY OF STATE
05/14/2012 05:00
CX: 1183 CT: 213109 BH: 1323897
1 0 180.08 = 100.09 DRGAN LLC # 2

W113964

Signature_____

Typed Name: