## FILED EFFECTIVE



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2615 APR 23 AM 8: 25

(Instructions on back of application)

_	• •	SECRETARY OF STATE
<ol> <li>The name of the limited liabi</li> </ol>	lity company is:	STATE OF IDAHO
Benjamin Donaldson Company L	.L.C.	
<ol> <li>The complete street and mail 2371 US Highway 26 Gooding ID (Street Address)</li> </ol>	_	e initial designated office:
(Mailing Address, if different than street a	ddress)	
3. The name and complete stre	et address of the re	gistered agent:
Benjamin Donaldson	2371 US Hig	hway 26 Gooding ID 83330
(Name)	(Street Address	s)
company:	least one member o	or manager of the limited liability
<u>Name</u> Benjamin Donaldson	2371 US Hig	hway 26 Gooding ID 83330
5. Mailing address for future con	•	ual report notices):
2371 US Highway 26 Gooding ID	, 83330	
6. Future effective date of filing	(optional):	
~		
Signature of a manager, mem	ber or authorized	
person.		Secretary of State use only
Signature		IDAHO SECRETARY OF STATE
Typed Name: Benjamin Donladson		04/23/2015 05:00 CK:21875679674 CT:309360 BH:14
Pianaturo		10 100.00 = 100.00 DRGAN LLC 10 20.00 = 20.00 EXPEDITE C
Signature Typed Name:		W150753
Typod Hallo.		1010075

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