State

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Date Filed: 7/17/2024 1:56:00 PM

File #: 0005829970





CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

1.	The name of the limited liability of DMD WEST VENTURES,		ay "ar the shbraviations I.I.C.	IIC or IC)
2.	The complete street and mailing addresses of the principal office is: 1173 WEST LONE MOUNTAIN ROAD, ATHOL, IDAHO 83801			
	(Street Address)			
3.	(Malling Address, if different) The name and complete street address of the registered agent:			
	Paracorp Incorporated (Name)	1555 W. Shoreline Drive Suite 100	Boise, ID 83702	Ada County
4.	The name and address of at least one governor of the limited liability company:			
	DAVID CHRISTOPHER DYKES 1173 WEST LONE MOUNTAIN ROAD, ATHOL, IDAHO 83801 (Name) (Address)			
	MELINA ANN DYKES 4570 SARGENT AVE, CASTRO VALLEY, CA 94546			
	(Name)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)		
5.	Mailing address for future correspondence (annual report notices):			
	1173 WEST LONE MOUNTAIN ROAD, ATHOL, IDAHO 83801 (Mailing Address)			
Sign	ature of organizer(s).			
Print	ed Name: Frances Severe		Secretary of State use or	nly
Sign	ature:			

Printed Name:

Signature:

Revised 12/2018