



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2017 OCT 20 AM 8:36

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

DS ALLISON ENTERPRISES, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC.)

2. The complete street and mailing addresses of the principal office is:

139 CASA DR IDAHO FALLS, ID 83404

(Street Address)

(Mailing Address, if different)

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

DAVID ALLISON

139 CASA DR IDAHO FALLS, ID 83404

(Name)

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

DAVID ALLISON

139 CASA DR IDAHO FALLS, ID 83404

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

139 CASA DR IDAHO FALLS, ID 83404

(Address)

Signature of organizer(s).

Signature: David Allison

Printed Name: DAVID ALLISON

Signature: _____

Printed Name: _____

Secretary of State use only

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10/20/2017 05:00

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