FILED EFFECTIVE



Printed Name: JO⊮N M. MURPHY CPA

Rev. 11/2015

Signature:_____

Printed Name:

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.

2818 AUG 20 AM 19: 33 SECRETARY OF STATE STATE OF IDAHO

(Kemember to inclu	ide the words. Limited Liability	Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)
•	-	of the principal office is:
838 FILER AVE. TV Street Address)	VIN FALLS, ID 83301	
Street Addressy		
Mailing Address, if different)		
The name of the regist	tered agent and street	address of the registered agent:
DONALD W. ANDERS	SON 838 FI	LER AVE. TWIN FALLS, ID 83301
Name)	(Address c	cannot be a post office box or postal mail box)
The name and address	s of at least one goverr	nor of the limited liability company:
DONALD W. ANDERS	SON 838 FII	LER AVE. TWIN FALLS, ID 83301
Name)	(Address)	
Name)	(Address)	<u> </u>
Name)	(Address)	
Name)	(Address)	
_	ure correspondence (a	nnual report notices):
838 FILER AVE. TWIN	N FALLS, ID 83301	

IDAHO SECRETARY OF STATE 08/20/2018 05:00

CK:1100 CT:351303 BH:1659747 1@ 100.00 = 100.00 DRGAN LLC #2

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