

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 SEP 13 PM 12: 23

1. The name of the limited liability company is: SECRETARY OF STATE STATE OF IDAHO
D. R. A. Property Management III
2. The complete street and mailing addresses of the initial designated/principal office:
1700 W. Washington st Dia care
(Street Address)
(Malling Address, If different than street address)
3. The name and complete street address of the registered agent:
Dennis Adler 1420 w. Washington st Brise ID 83700 (Street Address)
 The name and address of at least one member or manager of the limited liability company:
Name Address
· · · · · · · · · · · · · · · · · · ·
Lennis Adler 1420 W. Washington St. Brise, ID 83702.
5. Mailing adduces 6. 6.
5. Mailing address for future correspondence (annual report notices):
1420 W. Washington st. Boise ID 83702
6. Future effective date of filing (optional): 09-13-10
Signature of a manager, member or authorized
person.
Signature Secretary of State use only
Typed Name: Dennis Adler
IDAHO SECRETARY OF STATE
Signature CK: 511346 CT: 172099 BH: 1238621
Typed Name: 1 0 100.00 1 0 100.00 0 0 0 0 0 0 0 0 0

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