



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 JUL 17 AM 8:37

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

DRAGONFLYVANS LLC.

2. The complete street and mailing addresses of the initial designated/principal office:

3700 HUETTER, CD'A, ID. 83814
(Street Address)

8762 SCENIC BOY DR., CD'A, ID. 83814
(Mailing Address, if different than street address)

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

SCOTT QUINNITT
(Name)

8762 SCENIC BOY DR. CD'A ID 83814
(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name	Address
<u>SCOTT QUINNITT</u>	<u>8762 SCENIC BOY DR. CD'A ID 83814</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

8762 SCENIC BOY DR. COEUR D'ALENE, ID. 83814

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature [Signature]
Typed Name: SCOTT QUINNITT

Signature _____
Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
07/17/2009 05:00
CK: 1180 CT: 238879 DN: 1179157
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