| AT SEAL | CERTIFICATE OF O | RGANIZATI | ON EFFECTIVE |
|--|---|---|---|
| | LIMITED LIABILIT | Y COMPAN | Y |
| OF 15 | (Instructions on back o | of application) | 2010 JUL -2 AM 8: 25 |
| 1. The name of the limited liability con | | bany is: | SECRETARY OF STATE |
| | 1 | Dexnamic LLC | STATE OF IDAHO |
| 2. The o | complete street and mailing addr | esses of the initia | I designated/principal office: |
| | | 5 W Windsor Ct | |
| (Stree | et Address) | r d'Alene, ID 83815 | |
| (Maili | ng Address, if different than street address) | | |
| 3. The i | name and complete street addres | ss of the registere | ed agent: |
| All | Day \$49 Idaho Registered Agent | 1011 N. 11t | h Coeur D Alene, ID 83814 |
| (Nam | | (Street Address) | |
| <u> </u> | Name Shawn Poindexter | 405 W Win | Address Idsor Ct, Coeur d'Alene, ID |
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| | | | |
| 5. Maili | ng address for future correspond | | |
| | 405 W Winds | or Ct, Coeur d'Alene, | 83815 |
| | a officially a data of filling (antions | 1). | |
| o. Futul | re effective date of filing (optiona | 1) | ····· |
| Signature | e of organizer(s) . (An organizer is a n | nember, or is | |
| - | ehalf of a member or members). | | |
| Signature | - Shawn Poinilextn | QM4.9 | Secretary of State use only |
| Typed No | ame:Shawn Poindexter | Boo | 78410 |
| 13000.10 | | ms/cert 08 | IDAHO SECRETARY OF STATE 07/02/2010 05:00 |
| Signature |) | srptiorms\LLC forms\cert_org_lic.PMD Revised 0772008 | CK: 469354 CT: 172099 BH: 1229 1 8 100.00 = 100.00 ORGAN LLC # |
| | | | |
| I Yped INA | ame: | forms tevise | U)94600 |