

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 NOV 20 AM 8: \$B

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. The name of the limited lia	bility company is:	SECHELLA ()
DMDK, LLC	,,	STATE OF IDA
The complete street and m	ailing addresses of the initial desig	nated office:
(Street Address) 1096 N Eastland Drive Suite 20 (Mailing Address, if different than stree		
The name and complete str	eet address of the registered ager	nt:
Deli Jaynes	4178 N 1000 E Buhl, ID 83	316
(Name)	(Street Address)	
Name Dell Jaynes	4178 N 1000 E Buhl, ID 83	<u>ress</u> 316
. Mailing address for future c	orrespondence (annual report noti	ces):
1096 N Eastland Drive Suite 20	0 Twin Falls, ID 83301	
Future effective date of filin	g (optional):	
Α	andro and an anthropic of	
gnature of a m∕anager, mei	nder or authorized	

Signature

person.

Typed Name:

Dell Jaynes

Signature___

Typed Name: _

Secretary of State use only

IDAHO SECRETARY OF STATE
11/20/2012 05:00
CK: 3377 CT: 238734 BH: 1348367
1 0 100.00 = 180.00 ORGAN LLC # 2