## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 FEB 13 AM 9: 35

SECRETARY OF STATE STATE OF IDAHO

(Instructions on back of application)

The name of the limited liability	, ,	nont II C		
	D & D Managen			
. The complete street and mailing	=			office:
	River Road, Home	edale, ID 83	3628	
(Street Address)		_		
(Mailing Address, if different than street address	ess)			<del> </del>
. The name and complete street	address of the	registered	l agent:	
Idaho Estate Planning, P.C.	115	5 E. Winding	g Creek Dr., Eagle, ID 836	316
(Name)	(Street Add	ress)		
				· · · · · · · ·
. The name and address of at leacompany:	ast one membe	er or mana	ger of the limited liab	ility
Name			Address	*
Dennis Turner - Manager	2	2830 River Road, Homedale, ID 836		<b>B</b>
Debra Turner - Manager	21	2830 River Road, Homedale, ID		3
	×			
. Mailing address for future corre	•	-	•	
c/o Idaho Estate Plannir	ng, PC 1155 E. W	Vinding Cree	k Dr., Eagle, ID 83616	
		<del>- ::</del>		* 1
. Future effective date of filing (o	ptional):			<u> </u>
				Control Va
gnature of organizer(s). (An organize	er is a member. or	ris		
ting in behalf of a member or members)		<u> </u>	· · · · · · · · · · · · · · · · · · ·	<del> </del>
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