



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 JAN -7 AM 9:08

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

DNT RENTALS, LLC

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

3949 N WEST SIDE HWY

(Street Address)

CLIFTON, ID 83228

(Mailing Address, if different than street address)

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

DOUGLAS J. MOYLE

(Name)

3949 N WEST SIDE HWY, CLIFTON, ID 83228

(Street Address)

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

NameAddress

DOUGLAS J. MOYLE

3949 N WEST SIDE HWY, CLIFTON, ID 83228

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

3949 N WEST SIDE HWY, CLIFTON, ID 83228

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

Signature of a manager, member or authorized person.

Signature

Typed Name: DOUGLAS J. MOYLE

Signature

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 01/07/2013 05:00
 CK: 7851 CT: 246409 BH: 1354522
 1 @ 100.00 = 100.00 ORGAN LLC # 2

W120682