



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2012 JUN 25 AM 9:47

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ParryDQ LLC

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

C/O Hayes & Silver CPAs, 2188 Addison Ave E, Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Michael Parry

(Name)

2188 Addison Ave E, Twin Falls, ID 83301

(Street Address)

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

Name

Address

Michael Parry

2188 Addison Ave E, Twin Falls, ID 83301

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

C/O Hayes & Silver CPAs, 2188 Addison Ave E, Twin Falls, ID 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Michael Parry

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
06/25/2012 05:00
CK: 1110 CT: 271752 BH: 1329637
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