

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 MAY -7 AM 8: 52

The name of the limited liability companies	ny is: SECTEMENT SMITE
Capes In Action Limi	**
2. The complete street and mailing address	, ,
2705 Desert Dr, Idaho Falls, ID 83404 (Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street address of the registered agent:	
Trevor Paes/ 2 (Name) (St	705 Desert Dr. Idaho Falls, 10 83404 reet Address)
The name and address of at least one member or manager of the limited liability company:	
Name	<u>Address</u>
Trevor taes/ 2	705 Desert Dr. Idaho Falls, 10 83404
Kandace Paes/ 27	05 Desert Pr. Idaho Falls 10 83404
•	,
1 6 14	410 E 100 N, Rigby, 10 83442 110 E 100 N, Rigby, 10 83442
Jim Scott 3°	110 E 100 N, Righy, 11) 83992
Mailing address for future correspondence (annual report notices):	
2705 Desert Dr. Idaho Fai	1/5, 10 83404
6. Future effective date of filing (optional):	
Future effective date of filing (optional):	
Signature of a manager, member or authorized person.	
person.	Secretary of State use only
Signature In	05/07/2014 05:00
Typed Name: Trevor Paes/	CK:1057 CT:296585 BH:1423673
	16 100.00 = 100.00 DRGAN LLC #
Signature	- W137645
Typed Name:	William

Typed Name: