



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 MAR -2 AM 10:54

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Dellgard Enterprise LLC

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

537 S Winthrop Way Boise, Idaho 83709

(Street Address)

(Mailing Address, if different than street address)

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

Andrea Dellgard
(Name)

537 S Winthrop Way Boise, Idaho 83709

(Street Address)

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

Name

Address

Andrea Dellgard

537 S Winthrop Way Boise, Idaho 83709

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

537 S Winthrop Way Boise, Idaho 83709

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Joshua T. Day

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/02/2015 05:00

CK:559 CT:307069 BH:1464006

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