

Typed Name: _

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 SEP -6 PM 4: 14

1.	The name of the limited liability con	npany is: DH 50-50, LLC	STATE OF IDAH
2.	The complete street and mailing add	Iresses of the initial designa	ted/principal office:
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Hal Baird	311 N. Curtis Road, Boise, ID 8	33706
	(Name)	(Street Address)	
1.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	Addres	
	Hal Baird	311 N. Curtis Road, Boise, ID	33706
			· · · · · · · · · · · · · · · · · · ·
	Mailing address for future correspon	ndence (annual renort notice	e).
).	311 N. Curtis Road, Boise, ID 83706	dence (annual report notice	o).
	311 N. Curis Road, Boise, ID 63706		
	Future officiality data of filling (authority		
).	Future effective date of filing (option	aı):	
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_	nature of a manager, member or	authorized	
er	son.	Secr	retary of State use only
ia	nature (
	nature Hal Baird Member		
уP	ed Name: Hal Baird, Member		
		, mar.	IDANO SECRETARY OF STATE
iq	nature	9	706/2011 05:00