

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANYOS SEP 11 PM 1: 12

(Instructions on back of application)

SECRETARY OF STATE

1. The name of the limited liability com	pany is: STATE OF IDAHO
Danny LLC.	
	resses of the initial designated/principal office:
	Twin Falls 10 83301
(Street Address)	TWIN TOILS ID 8 3 3 3 4
(Mailing Address, if different than street address)	
3. The name and complete street addre	and of the registered areas.
o. The hame and complete street addre	sas of the registered agent.
Marjana Edward's	1230 11th Ave E Twin Falls 1083301 (Street Address)
(Name)	(Street Address)
The name and address of at least on company:	e member or manager of the limited liability
Name	Address
<u>Eldina Husemanic</u>	1228 11th Ave E Twin Falls 10 83301
-	
5 14 W	
5. Mailing address for future correspond	
1228 11th Ave & Twin	Falls 10 83301
6. Future effective date of filing (optional	il):
Signature of organizer(s). (An organizer is a n	nember, or is
acting in behalf of a member or members).	
Signature Wasany Edne	Secretary of State use only
Typed Name: //MARJANA EDI	VARDS
	IDAHO SECRETARY OF STATE
Signature Russia Signature	CK: 5749957448 CT: 23934 55:00
Typed Name: Elama Huseinao	TOS  LARDS  IDAHO SECRETARY OF STATE  OP/11/2008 05:00  CK: 5749957448 CT: 229634 BH: 1135  1 8 108.08 = 108.08 ORGAN LIC #  1 8 20.08 = 20.08 EXPEDITE C #

CK: 5749957448 CT: 229634 BH: 1135477 1 8 108.00 = 108.00 ORGAN LLC # 2 20.00 = 20.00 EXPEDITE C # 3

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