

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2015 JAN 16 AM 8:40

W. W.	(instructions on bac	k or application	
	e of the limited liability co	mpany is:	SECRETARY OF STATE STATE OF IDAHO
	plete street and mailing a	ddresses of th	e initial designated office:
	Locust Grove Rd Mer		•
(Street Add			
(Mailing Ad	dress, if different than street address)		
3. The nam	e and complete street add	iress of the re	gistered agent:
Givens F	Givens Pursley Corporate Services 601 W Bannock St. Bois (Street Address)		ock St. Boise, ID 83702
(Name)			
4. The nam company		one member o	or manager of the limited liability
A 16 11	<u>Name</u>	Address	
Amy Kell	ey	1979 N Locust Grove Rd Meridian, ID 83646	
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5. Mailing a	ddress for future correspo	ondence (annu	al report notices):
P.O. Box	1610 Eagle, ID 83616	·	
6. Future et	fective date of filing (optio	onal):	
		, 	
Signature of person.	f a manager, member o	r authorized	
Signature any Kelley			Secretary of State use only IDAHO SECRETARY OF STATE 01/16/2015 05:00
Typed Name	Amy Kelley	0_	CK:28561 CT:178940 BH:145748 10 100.00 = 100.00 DRGAN LLC
Signature			800001 W
Typed Name			