

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 10 AUG 25 AM 8: 31

	0.70	(Instructions on back	c of application)	Character wit 0:31
1.	The name of the limited liability comp		mpany is:	SECTORY OF STATE STATE OF IDAHO
	MD	Investiga	itions LA	
2.				tial designated/principal office:
	20893 Acd wood PI, POBOX 151, Graphast, ID 63626			
	(Street Address)			
	(Mailing Address, if different than street address)			
3. The name and complete street address of the registered agent:				ered agent:
	Gary D (Name)	P. Bryant	20893 RXX (Street Address)	wood Pl, 90 BOX 151, Green = at, ID 83624
4. The name and address of at least one member or manager of the limite company:				anager of the limited liability
		Name	- 11.22 D	Address
	CaryV	Bryan	20847 RE	Kward P1, P0 807151 af, II 83624
			61200/0	15 14 8 24 24
			-	
5.	Mailing addr	ess for future correspo	ndence (annual re	eport notices):
	20893	Red word P	1 JOBOX 1	51 Greeneaf, FD 83626
6				8 70 ~0
0 .	rutule elleci	ive date of filing (optio		
-	gnature of a	manager, member o	r authorized	
				Secretary of State use only
Signature Sky D Bryon T Typed Name: Gary D- Bryon T				W95858
Туј	ped Name: 6	ary U- Bryon	<i>h</i> 7	
				IDAHO SECRETARY OF STATE 08/25/2010 05:00
_	-			CK: 1017 CT: 180855 BH: 1236159 1 0 100.00 = 100.00 DRGAN LLC # 2
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