

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 APR 22 PM 3:51

(Instructions on back of application)

STATE OF IDAHO

1.	The name of the limited liability of	ompany is:
	R	eligious Antagonist LLC
2.	The complete street and mailing a 424 East Sherman Avenue, Suite 305, (Street Address)	addresses of the initial designated/principal office: Coeur D Alene, Idaho 83814
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Northwest Registered Agent, LLC (Name)	424 E Sherman Ave., #305, Coeur D Alene, ID 83814 (Street Address)
	The name and address of at least one member or manager of the limited liability company:	
	Name	<u>Address</u>
	RA Management Group	PO Box 6270, Boise, ID 83707
5.	Mailing address for future correspo	
	424 East Sherman Avenue, Suite 305, C	Coeur D Alene, Idaho 83814
6 .	Future effective date of filing (optio	nal):
Sign	nature of a manager, member o	r authorized
_	ature Quiller	Secretary of State use only
уре	ed Name: Charlie Shaw, Organizer	
Sign	ature	IDAHO SECRETARY OF STATE @4/22/2011 @5:00 CK: 661150 CT: 172899 BH: 1278519
Type	ad Name	1 0 100.00 = 100.00 DRGAN LLC # 2