



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 NOV -7 AM 9:05

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Direct Effect, LLC,

2. The complete street and mailing addresses of the initial designated/principal office:

802 S. Shilling Ave Blackfoot, ID 83221
(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Christopher Patterson 802 S. Shilling Ave Blackfoot, ID 83221
(Name) (Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Christopher Patterson 802 S. Shilling Ave Blackfoot, ID 83221

5. Mailing address for future correspondence (annual report notices):

802 S. Shilling Ave Blackfoot, ID 83221

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Chris Patterson
Typed Name: Chris Patterson

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/07/2011 05:00
CK: 1841 CT: 263964 BH: 1297178
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