

Typed Name: Wesley R.

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

(Instructions on back of application)

2012 HAR 22 AH 10: 28

1. The name of the limited liability company is:	SECHETARY OF STATÉ  STATE OF IDAHO
Doe Doe Ventures L	
2. The complete street and mailing addresses of th	
(Street Address) P.O. Box 74 Harvard	
P.O. Box 74 Harvard	Iclaho 83834
(Mailing Address, if different than street address)	
The name and complete street address of the registered agent:	
Doreen Workman 4027 (Name) (Street Address	Hwy b Harvard Idaho
The name and address of at least one member or manager of the limited liability company:	
Name	Address
Doreen Workman 4027	Hwy 6 Harvard Id P3834
Doreen Workman 4027 Wesley Ray Workman 4027	Huy = 6, Harrard, Id 83834
5. Mailing address for future correspondence (annu	ual report notices):
4027 Huy# 6 Harvard	
To a contract of the contract	
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized	
person.	Secretary of State use only
Signature Morkum	
Typed Name: Doreen Workmay	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Signature Wesley R. Workman	IDAHO SECRETARY OF STATE

cert\_org\_lic Rev. 07/2010

03/22/2012 05:00 CK: 2820 CT: 268414 BH: 1316355 1 @ 100.00 = 180.00 ORGAN LLC # 2 1 @ 20.00 = 20.00 EXPEDITE C # 3

W112296