

Typed Name: ____

CERTIFICATE OF ORGANIZATION EFFECTIVE LIMITED LIABILITY COMPANY 11 JUL 14 AM 8: 57

	(Instructions on back of	of application)	SECTOR BY OF STATE STATE OF IDAHO
1. The name of	f the limited liability comp	oany is:	5!ALC OF IDM IO
		LSJR, L.L.C.	
•	e street and mailing addi	esses of the initial	designated/principal office:
(Street Address)			
(Mailing Address	, if different than street address)		
3. The name a	nd complete street addre	ss of the registere	d agent:
Jonathon R. Ruark		2617 7th Avenue Lewiston, ID 83501	
(Name)			
Jonathon R. f	Ruark	2617 7th Avenue Lev	viston, ID 83501
		. , .	
_	ess for future correspond nue Lewiston, ID 83501	lence (annual repo	ort notices):
6. Future effect	tive date of filing (optiona	l):	
•	manager, member or a	authorized	
person.			Secretary of State use only
Signature			
Typed Name: _	Jonathon R. Ruark		
Signatura			IDAHO SECRETARY OF STATE 07/14/2011 05:0

DAHU SECRETARY OF STATE 07/14/2011 05:00 CK: 17057 CT: 20457 BH: 1282384 1 2 180.00 = 100.00 DRGAN LLC # 2

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