

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

ILMAY IO AM 8: 18

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2.70	(Instructions on back of application)		SECTAL BY OF STATE STAGE OF IDAHO
1. T	The name of the limited liability company is:		STAILE OF IDAHO
		Rodin, LLC	
	The complete street and mailing additional 2608 Fall Crest Street, Caldwell, ID 83607 (Street Address)		nated/principal office:
	(Mailing Address, if different than street address)		
3. T	The name and complete street address of the registered agent:		
	C. Fred Cornforth	2608 Fall Crest Street, Cald	well, ID 83607
	(Name)	(Street Address)	
	The name and address of at least on company:	e member or manager o	of the limited liability
	<u>Name</u>		iress
	C. Fred Cornforth	2608 Fall Crest Street, Cald	well, ID 83607
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	Mailing address for future correspond 2608 Fall Crest Street, Caldwell, ID 83607	dence (annual report not	ices):
6. F	future effective date of filing (optiona	al):	
Signa	ature of a manager, member or a	authorized	
Signa	ature	-	Secretary of State use only
Type	d Name: C. Fred Comforth, Manager		TIMUS CENDETABY OF CTATE
Signa	ature		IDAHO SECRETARY OF STATE 05/10/2011 05:00 1:1993 CT: 114671 BH: 127301 1:190 00 - 100 00 00 00 00 00 00 00 00 00 00 00 00

CK: 12993 CT: 114671 BH: 1273011 1 0 100.00 = 100.00 DRGAN LLC # 2

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Typed Name: _____