

CERTIFICATE OF ORGANIZATION

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(Instructions on back	k of application)	SECRETARY OF
The name of the limited liability con	mpany is:	SECRETARY OF S STATE OF IDAH
•	Donor Roots LLC	प्राच्या म
The complete street and mailing ac 1537 W. Crenshaw, Kuna, ID 83634 (Street Address)	Idresses of the initial designated	l/principal office:
(Mailing Address, if different than street address)		
The name and complete street add	ress of the registered agent:	
Brent Jakobson	1537 W. Crenshaw, Kuna, ID 8363-	4
(Name)	(Street Address)	
The name and address of at least o	one member or manager of the l	imited liability
Name	Address	
Brent Jakobson (Manager 40% Owner)	1537 W. Crenshaw, Kuna, ID 83634	
Online By Design LLC (60% Owner)	3520 South Rock Springs Way, Nampa, ID 83686	
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Mailing address for future correspo Online By Design LLC 3520 South Roc	ndence (annual report notices):	
Online By Design LLC 3520 South Rock	ndence (annual report notices): ks Springs Way, Nampa, ID 83686	
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Mailing address for future correspond on the By Design LLC 3520 South Rock Future effective date of filing (option that a manager, member of son. The property of the propert	ndence (annual report notices): ks Springs Way, Nampa, ID 83686 nal):	

CK: 196 CT: 245029 BH: 1296041 1 0 100.00 = 100.00 DRGAN LLC # 2

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