		FILE	DEFEECTI
in the second	ATE OF ORGAN	ZATION	
	LIABILITY COM		EC 15 AM 9: 36
(Instruc	ctions on back of application	on) SECE ST/	TE OF ID AT O
1. The name of the limit	ed liability company is:		
DRAGONRAYS TATTO	O'S Original LLC		
2. The complete street a	nd mailing addresses of t	he initial designated	office:
1011 S. Vista Ave., Boise (Street Address)	e, ID 83705		
(Mailing Address, if different the			
3. The name and comple	ete street address of the n	egistered agent:	·
Paul Nero	1011 S. Vis	1011 S. Vista ave., Boise, ID 83705	
(Name)	(Street Addres	(Street Address)	
 The name and addres company: 	s of at least one member	or manager of the li	mited liability
Name		Address	
Paul Nero	1011 S. Vis	1011 S. Vista Ave., Boise, ID 83705	
	<u> </u>		
	<u> </u>		
· · ·			
-	ture correspondence (ann	ual report notices):	
1011 S. Vista Ave., Boise	e, ID 83705	Autor	
6. Future effective date of	of filing (optional):		
	winning (optional).	Ma	
Signature of a manager	; member or authorized		
person.	1, n		of State use only
Signature	blu_		·
Typed Name: Paul Nero			SECRETARY OF STA 15/2014 05:0
6	¢	CK:3481	CT:304113 BH:1
Signature		1@ 100.00	= 100.00 ORGAN
Typed Name:	· · · · · · · · · · · · · · · · · · ·	T AL	
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