

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 NOV -1 AM 8: 37

(Instructions on back of application)

		SECTION
1. The name of the limited liability com	pany is:	SECREMARY OF STATE STATE OF IDAHO
2. The complete street and mailing add (Street Address) (Mailing Address, if different than street address)	Iresses of the initial designated PlyMeridian II	83(01)
3. The name and complete street address of the registered agent:		
Elaine Ellis	1330 N. Cliff Co (Street Address) Meridia	rect P.
The name and address of at least or company:	ne member or manager of the lin	mited liability
Elaine Ellis	1330N-Ciff Cre Meridian, ID	183642
5. Mailing address for future correspondence (annual report notices): 1330 N. Wiff Cold Maraian, ID 83642		
6. Future effective date of filing (optional	al):	
Signature of a manager, member or person.		
Signature Daire Ellis	Secretary	of State use only
Typed Name: Elsine Ellis		
Signature	CK: 44	AHO SECRETARY OF STATE 01/2010 05:00 1 CT: 252428 BH: 1245389 10 = 188 88 BROWN
Typed Name:	1 9 199.	00 = 100.00 DRGAN LLC # 2

cert_org_lic Rev. 07/2010

W97616