

## CERTIFICATE OF ORGANIZATION

|   |  |                                  | ng                      |                                     |               |
|---|--|----------------------------------|-------------------------|-------------------------------------|---------------|
|   | TIFICATE OF (  |                                  | <b>Y</b> ,              | TINE                                | <b>T</b>      |
| Lusta   | (Instructions on back<br>the limited liability con         | mpany is:                        | STATE                   | AM 8: 26<br>RY OF STATE<br>OF IDAHO | THE           |
| principal offic  325  The name of                       | ບ. Flolmes<br>the commercial registe                       | This Fall pred agent; or the na  | 15 TD 3                 | 3401                                |               |
| Jam   | e non-commercial regises Brendle                           | 8070 5.8                         |                         | 83406                               |               |
| . The name an company:                                  | d address of at least o                                    |                                  | <u>Address</u>          |                                     |               |
| Wade  | L Dogs   | Idaho Fall                       | •                       | 10.                                 | ·             |
| James   | H. ISTENDING   | 8070 S.                          | Blackhai<br>ls, ID 8340 | 06                                  |               |
| . Mailing addre   | ss for future correspon                                    |                                  |                         |                                     |               |
| . Future effective                                      | ve date of filing (option                                  | s, Dlaho<br>al):                 | JZ115, TD               | 83461                               | . •           |
| gnature of an or<br>is acting in behalf of<br>members). | ganizer(s) (An organizer<br>of a required, and existing, i | r is a member,<br>initial member | Secretary of State u    | se only                             | . <u>.</u> #1 |

Typed Name: Wake Boyd

Signature\_\_

Typed Name: James Bren

IDAHO SECRETARY OF STATE

08/07/2008 05:00

CK: 4269 CT: 228680 BH: 1138611
1 9 180.88 = 180.80 DRGAN LLC # 2

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