

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANYFILED EFFECTIVE

TE T	(Instructions on back	of application)	2014 MAY -1 AM 9:58
1.	The name of the limited liability con	npany is:	SECRETARY OF STATE STATE OF IDAHO
2	The complete street and mailing addresses of the initial designated office:		
۷.	2982 Goodrich Road, Cambridge, ID 83610 (Street Address) P.O. Box 433 Cambridge, ID 83610 (Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Annual: \$49.00 - Blake's Registered Agent ELC (Name)	19593 Madison F	Road, Nampa, ID 83687
4.	The name and address of at least one member or manager of the limited liability company:		
	Name	<u>Address</u>	
	Keith Darling	2982 Goodrich Road, Cambridge, ID 83610	
	Donna Darling 2982 Goodrich Road, Cambridge, ID 83610		oad, Cambridge, ID 83610
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5.	Mailing address for future correspon	idence (annual i	report notices):
	P.O. Box 433 Cambridge, ID 83610		
	Future effective date of filing (option	,	
_	nature of a manager, member or	authorized	
Sig	nature Heth Davi	<u> </u>	Secretary of State use only IDAHO SECRETARY OF STATE 05/01/2014 05:00 CK:575 CT:296356 BH:1422866
Тур	ed Name: Keith Darling		16 100.00 = 100.00 DRGAN LLC (
0:	And Maria		

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Typed Name: Donna Darling