

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 OCT 21 AM 11:07

(instructions on be	ack of application)	
The name of the limited liability of the liabi	company is:	STATE OF IDAHO
2. The complete street and mailing 901 W Belmont St Boise ID 83706 (Street Address)	addresses of the initial	designated/principal office:
(Street Address)		
(Mailing Address, if different than street addres	ss)	
3. The name and complete street a	ddress of the registere	d agent:
Vianey Conchas Flores	1786 E Expedition Dr Meridian ID83646	
(Name)	(Street Address)	
 The name and address of at leas company: 	st one member or mana	•
Name	<u>Address</u>	
Vianey Conchas Flores	1786 E Expedition Di	Meridian ID 83646
		<u>. </u>
Mailing address for future corresp 1786 E Expedition Dr Meridian Idaho	,	ort notices):
6. Future effective date of filing (opt	tional):	· · · · · · · · · · · · · · · · · · ·
Signature of a manager, member person.	or authorized	
Signature //www.	estly	Secretary of State use only
Typed Name: Vianey Conchas Flores		IDAHO SECRETARY OF STATE 10/21/2010 05:00 CK: 533497 CT: 172099 BH: 1244971
Signature		1 8 180.00 = 100.00 DRGAN LLC # 6
Typed Name:		