

Printed Name:

Signature:

Rev. 01/2018

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$100.00 typed, \$120 not typed Complete and submit the application in duplicate.

2018 MAY 23 AM 8: 18

SEPRETARY OF STATE

| (Remember to inclu              | de the words "Limited Liability Company," "Lim | ited Company, "or the abbreviations L.L.C., LLC, or LC) |  |
|---------------------------------|--|---|--|
| ='                              | d mailing addresses of the principal           |   |  |
| (Street Address)                | e. Suite B, Idaho Falls, ID 8340               | )1  |  |
| (Observation)                   |  |   |  |
| (Mailing Address, if different) |  |   |  |
| The name and complete           | e street address of the registered a           | agent:  |  |
| Tappia Infanger                 | 329 So. Wood                                   | 329 So. Woodruff Ave., Idaho Falls, ID 83401            |  |
| (Name)                          | (Address)                                      | (Address)   |  |
| The name and address            | of at least one governor of the lim            | ited liability company:                                 |  |
| Tappia Infanger                 | <del>-</del>                                   | 329 So. Woodruff Ave., Idaho Falls, ID 83401            |  |
| (Name)                          | (Address)                                      |   |  |
|                                 |  |   |  |
| (Name)                          | (Address)                                      |   |  |
|                                 |  |   |  |
| (Name)                          | (Address)                                      |   |  |
|                                 |  |   |  |
| (Name)                          | (Address)                                      |   |  |
|                                 |  |   |  |
|                                 | re correspondence (annual report               | •   |  |
|                                 | e, Suite A, Idaho Falis, ID 8340               | 1   |  |
| (Address)                       |  |   |  |
| ture of organizer(s).           |  |   |  |
|                                 |  | Secretary of State use only                             |  |
| ed Name: Tappia Infai           | ·3   |   |  |
|                                 |  | <del>1</del>  |  |
| iture:                          | III ALLAN A                                    | 1DAHO SECRETARY OF STATE<br>05/23/2018 05:00            |  |

10 100.00 = 100.00 DRGAN LLC #2 16 20.00 = 20.00 EXPEDITE C #3

W 20226