

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

2014 JUN 19 AM 9: 00

FILED EFFECTIV

(Instructions on back of application)

1.	The name of the limited liability cou	SECRETARY OF STATE STATE OF IDAHO	
2.	The complete street and mailing ad 12272 WHITECHAPEL WAY, NAMPA, I (Street Address)		initial designated office:
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	LYNNETTE S. GASCHLER	12272 WHITECHAPEL WAY, NAMPA, ID, 83686	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name	Address 40070 WHITECHARE WAY NAMED ID 92696	
	LYNNETTE S. GASCHLER	12272 WHITECHAPEL WAY, NAMPA, ID, 83686	
	CURTIS GASCHLER	12272 WHITECHAPEL WAY, NAMPA, ID, 83686	
_	Moiling address for future correspo	ndence (appu	al report notices):
<b>5</b> .	Mailing address for future correspondence (annual report notices):		
	Same as above		
6.	. Future effective date of filing (optional):		
Sic	gnature of a manager, member o	r authorized	
-	rson.		Secretary of State use only
O:-			IDAHO SECRETARY OF STATE
_	ped Name ADAM BERGMAN / ORGAN	ZER CK:2649 CT:249058 BH:14299	
ı y	peu Naine.		16 100.00 = 100.00 DRGAN LLC
Sig	gnature		16 20.00 = 20.00 EXPEDITE C

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Typed Name: