

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

Signature:

Printed Name:

Rev. 11/2015

Complete and submit the application in duplicate.

2018 JAN 12 AM 8:51

SECRETARY OF STATE

The name of the limited liab	ility company is:
	words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)
The complete street and ma 2679 Partridge Loop Post F	ailing addresses of the principal office is:
(Street Address)	
(Mailing Address, if different)	
The name of the registered	agent and street address of the registered agent:
Timothy Simunds	2679 Partridge Loop Post Falls, ID 83854
(Name)	(Address cannot be a post office box or postal mail box)
The name and address of a	t least one governor of the limited liability company:
Timothy Simunds	2679 Partridge Loop Post Falls, ID 83854
(Name)	(Address)
(Name)	(Address)
\$1.40(6.21 m.)	(riggraph)
(Name)	(Address)
(Name)	(Address)
Mailing address for future c	orrespondence (annual report notices):
2679 Partridge Loop Post F	
(Address)	
ature of organizer(s).	
	Secretary of State use only
ature: fulfur	IDAHO SECRETARY OF STATE
ed Name: Timothy Simunds	/ 01/12/2018 05:00 CK:1003 CT:350962 BH:1620898
ed Name: Timothy Simulas	1@ 100.00 = 100.00 DRGAN LLC

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