

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

| 1. The | name of | the limited | liability | company | is: |
|--------|---------|-------------|-----------|---------|-----|
|--------|---------|-------------|-----------|---------|-----|

SECREMANY OF STATE

| es of the initial designated/principal office: 120 of the registered agent: |  |  |
|---|--|--|
|   |  |  |
| of the registered agent:  |  |  |
| of the registered agent:  |  |  |
| of the registered agent:  |  |  |
|   |  |  |
| 4303 Washington Ave, Caldwell, Idaho 83607-8120                             |  |  |
| eet Address)  |  |  |
| ember or manager of the limited liability  Address                          |  |  |
| 4303 Washington Ave, Caldwell, Idaho 83607-8120                             |  |  |
| 4303 Washington Ave, Caldwell, Idano 03001-0120                             |  |  |
| 3 Washington Ave, Caldwell, Idaho 83607-8120                                |  |  |
|   |  |  |
|   |  |  |
| e (annual report notices):  |  |  |
| 120   |  |  |
|   |  |  |
|   |  |  |

Signature\_

Typed Name: Robert D. Wallace

Signature /

Typed Name: Ramona L. Wallace

IDAHO SECRETARY OF STATE

03/09/2011 05:00

CK: 5991 CT: 256332 BH: 1263432
1 8 180.00 = 100.00 DRGAN LLC # 2

W101304