

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY SUBSECTIVE

(Instructions on back of application)

2013 OCT 17 AM 9: 16

	T	. ,	•	SECRETARY OF STATE
1,	The name of the limited liability company is:		STATE OF JOAHO	
	DP & T LLC			017712 01 1177 110
2.	The complete street and mailing addresses of the initial designated office: 700 So. Woodruff			
	(Street Address) Idaho Falls, Idaho 83401			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Paul A. Fife	278 Rock Hol	low Lane	IF ID 83401
	(Name)	(Street Address))	
4.	. The name and address of at least one member or manager of the limited liability company: Name Address			
	Dave Cutler 4245 N 5t		W, Idaho Falls, ID 83401	
				
		-		
				· · · · · · · · · · · · · · · · · · ·
5	 Mailing address for future correspondence (annual report notices): 700 So. Woodruff, Idaho Falls, ID 83401 			
ν.				
6.	6. Future effective date of filing (optional):			
Signature of a manager, member or authorized person.				
Secretary of State use only				
Signature Offe				
Typed Name: Paul A. Fife				
				TDAHO SECRETARY OF STATE
Signature				10/17/2013 05:00 CK: 8654 CT: 212545 BH: 1394329
Typed Name:				1 9 198.00 = 198.00 DRGAN LLC # 2