

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 OCT 21 AM 8:57

| CE E OF | | (Instructions on bac | ck of application) | OFFICE ON OFFICE | |
|----------------|--|--|-------------------------------------|--|--|
| 1. T | he name of | ne name of the limited liability company is: | | SECRETARY OF STATE STATE OF IDAHO | |
| | D N M Investments, LLC | | | | |
| | The complete street and mailing addresses of the initial designated/principal office: 808 W Mullan Avenue #A, Post Falls, ID 83854 | | | | |
| (| (Street Address) | | | | |
| ī | (Mailing Address, | if different than street address) | | | |
| 3. T | The name and complete street address of the registered agent: | | | | |
| i | Dale G. Buske, II | | 808 W Mullan Avenue #A | 808 W Mullan Avenue #A, Post Falls, ID 83854 | |
| - | (Name) | | (Street Address) | | |
| | The name and address of at least one member or manager of the limited liability company: | | | | |
| | <u>Name</u> | | Address | | |
| - | Dale G. Buske | 9, 11 | 808 W Mullan Avenue ## | A, Post Falls, ID 83854 | |
| - | | | | | |
| | • | ess for future correspo Avenue #A, Post Falls, ID | ondence (annual report r D 83854 | notices): | |
| 6. F | Future effective date of filing (optional): | | | | |
| Signa perso | | manager, member o | or authorized | | |
| , | 4 | | | Secretary of State use only | |
| Signa | | lusha | | | |
| Турес | d Name: Da | ale G. Buske, II | | | |
| Signa | iture | | | IDAHO SECRETARY OF STATE_ | |
| Турес | d Name: | | | 10/21/2011 05:00 | |

cert_org_lic Rev. 07/2010

10/21/2011 05:00 CK: 33901 CT: 3983 BH: 1295170 1 0 100.00 = 100.00 ORGAN LLC # 2

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