



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 MAR -4 AM 11:12

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

DPD Experiences, LLC

2. The complete street and mailing addresses of the initial designated office:

1177 N. Principle Way Meridian, ID 83642

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Nick Anderson

(Name)

1177 N. Principle Way Meridian, ID 83642

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Nick Anderson

1177 N. Principle Way Meridian, ID 83642

5. Mailing address for future correspondence (annual report notices):

1177 N. Principle Way Meridian, ID 83642

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Nick Anderson

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

03/04/2015 05:00

CK:1045 CT:307216 BH:1464531

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