



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2014 APR 10 AM 8:52

(Instructions on back of application)

 SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

D Lazy P LLC

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

633 North 3565 East Menan, Idaho 83434

(Street Address)

(Mailing Address, if different than street address)

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

Ed Watson

(Name)

633 North 3565 East, Menan, Idaho 83434

(Street Address)

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

Name

Address

Ed Watson

633 North 3565 East, Menan, Idaho 83434

Clayne Hanson

P.O. Box 98 Lewisville, ID 83431

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

633 North 3565 ^{EAST} Menan, Idaho 83434

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Ed Watson

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/10/2014 05:00
CK: 9888 CT: 23363 BH: 1419684
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