

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 OCT 20 AM 9: 4

The name of the limited liability cor	mnany ie:	SECRETARY CASIAN STATE OF IDAHO
•	ERTY MATCHMA	KER. LLC
2. The complete street and mailing ad		<del></del>
7		, and a soligination of the solid so
(Street Address) 1655 1ST STREET, IDAHO FALLS, ID 8	3401-4305	
(Mailing Address, if different than street address)		
3. The name and complete street add	ress of the reg	istered agent:
DILLON J MOCKLI	1655 1ST STREET, IDAHO FALLS, ID 83401-4305	
(Name)	(Street Address)	
4. The name and address of at least of	one member or	manager of the limited liability
company: Name		Address
DILLON J MOCKLI	1655 1ST STF	REET, IDAHO FALLS, ID 83401-4305
		<del></del>
E. Mailing address for future comments	-douan (a	d managet and the sale
<ol><li>Mailing address for future correspondence of the second of the s</li></ol>	•	ii report notices):
1035 131 STREET, IDAHO FALLS, ID 6		
R. Euturo offoctivo data of filing (aution	IV.	
6. Future effective date of filing (option	nai):	
Signature of a manager, member or	· authorized	
person.	_	
1/1		Secretary of State use only
Signature		IDAHO SECRETARY OF STATE
Typed Name: DILLON J MOCKLI		10/20/2014 05:00 CK:2303816 CT:172099 BH:14459
		16 100.00 = 100.00 DRGAN LLC
Signature		
Typed Name:		

W1433971