

## CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code
Base Filing fee: \$100.00 typed, \$120 not typed
Complete and submit the application in <u>duplicate</u>.

2018 APR 16 AM 10:53 SECRETARY OF STATE STATE OF IDAHO

W200668

1. The name of the limited liability company is:

Signature:

Rev. 01/2018

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	(Remember to include the wor	ds "Limited Liability Company" "Limits	ed Company, "or the abbreviations L.L.C., LLC, or LC)			
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2.	The complete street and mailing addresses of the principal office is:  1140 Four Mile Rd					
	(Street Address)					
	Viola, ID 83872 (Mailing Address, if different)					
	(Mishing Accress, ii cinerent)					
3.	The name and complete street address of the registered agent:					
	Jennifer Hightower	1140 Four Mile	1140 Four Mile Rd, Viola, ID 83872			
	(Name)	(Address)				
4.	The name and address of at least one governor of the limited liability company:					
	Jennifer Hightower	1140 Four Mile Rd, Viola, ID 83872				
	(Name)	(Address)	11			
	Michael Hightower	l t				
	(Name)	(Aridress)				
	Harner Weller	te	<b>}</b> 1			
	Harper Wallen (Name)					
	(weine)	(Address)	l i			
	Dakota Wallen	-,	,			
	(Name)	(Address)				
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5.	Mailing address for future correspondence (annual report notices):					
	1140 Four Mile Rd, Viola, ID 83872					
	(Address)					
Sin	nature of organizer(s).					
_	1		Secretary of State use only			
Prir	nted Name: Jennifer Hightower	<del>/</del>				
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Sig	nature 1000	hou	04/16/2018 05:00 CK:2794 CT:356330 BH:1638501			
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Prir	ited Name:					