



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 AUG 20 AM 9:11

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Dr5Star LLC

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

2054 John Adams Parkway, Idaho Falls, ID, 83401

(Street Address)

(Mailing Address, if different than street address)

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

David P. Bowman

(Name)

2054 John Adams Parkway

(Street Address)

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

Name

Address

David P. Bowman

2054 John Adams Parkway, Idaho Falls, ID 83401

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

2054 John Adams Parkway, Idaho Falls, ID 83401

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

Signature of a manager, member or authorized person.

Signature

David P. Bowman

Typed Name: David P. Bowman

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/20/2012 05:00
CK: 1314 CT: 273469 DH: 1336596
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