

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

	LIMITED LIABILIT		2013 OCT -4 AM 11: 55
ACE TO	(Instructions on back	of application)	SECRETARY OF STATE STATE OF IDAHO
1. T	. The name of the limited liability company is:		STATE OF IDAHO
	Good Job Dara LLC		
	The complete street and mailing addresses of the initial designated office: 6593 N HARLANS HAWK LN , COEUR D ALENE, ID 83815-5175 (Street Address)		
•	(Mailing Address, if different than street address)		
3. T	The name and complete street address of the registered agent:		
	DARA L HORNE	6593 N HARLANS HAWK LN , COEUR D ALENE, ID 8	
7	(Name)	(Street Address)	
4. T	The name and address of at least one member or manager of the limited liability company:		
	DARA L HORNE 6593 N HARLANS HAWK LN , CDA, ID 8381:		
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<del></del>			<del></del>
_			
5. M	ailing address for future correspond	lence (annual report no	tices):
	5593 N HARLANS HAWK LN , COEUR D A		
6. Fu	iture effective date of filing (optiona	l):	
Signat persor	ture of a manager, member or a	authorized	
Cianak	The water		Secretary of State use only
Signat Typed	Name: DARA L HORNE	<u> </u>	
Signature			
Typed	Name:		IDANG SECRETARY OF STATE  10/04/2013 05:00 (; 1571691 CT: 172899 BH: 1392847
		1	A 198.00 = 189.88 ORGAN LLC # 2

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