

ARTICLES OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

06 FEB 23 PM 4: 47

(Instructions on back of application)

1.	The name of the limited liability comp	pany is:	SECRETARY OF STATE STATE OF IDAHO
2.	The street address of the initial registered office is: 244 S. Academy Avenue, Eagle, Idaho 83616		
	and the name of the initial registered a	agent at the above a	address is:
3.	The mailing address for future correspondence is: 244 S. Academy Avenue, Eagle, Idaho 83616		
4.	Management of the limited liability company will be vested in:		
	Manager(s) ☐ or Member(s) ✓	(please check the appr	opriate box)
5.	If management is to be vested in one or more manager(s) list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.		
	Name	Name Address	
	Gary Walker 244 S. Academy Avenue		Avenue
		Eagle, Idaho 83616	
6.	i. Signature of at least one person responsible for forming the limited liability company:		
	Signature try William	<u> </u>	Secretary of State use only
	Typed Name: Gary Walker	ation.pg	
	Capacity: Member	forganiz.	
	Signature	corptomst.LC formstartsoforgarization.p65 Revised 07/2002	IDAHO SECRETARY OF STATE
	Typed Name:	omst.LC forms	CK: 735269 CT: 172099 RH: 939381 1 0 100.00 = 100.00 DRGAN LLC #
	Capacity:	Complifion Re	W47841

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