



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2014 DEC 19 AM 8:55

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

DK Chapman Management, LLC

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

3 Blue Moon Lane, Orofino ID 83544

(Street Address)

PO Box 1026, Orofino ID 83544

(Mailing Address, if different than street address)

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

Daniel S. Chapman

(Name)

3 Blue Moon Lane, Orofino ID 83544

(Street Address)

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

Name

Address

Daniel S. Chapman

3 Blue Moon Lane, Orofino ID 83544

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

PO Box 1026, Orofino ID 83544

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

*Daniel S. Chapman*

Typed Name: Daniel S. Chapman

Signature

*Karen L. Chapman*

Typed Name: Karen L. Chapman

Secretary of State use only

IDAHO SECRETARY OF STATE

12/19/2014 05:00

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