

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2016 MAY -2 AM 10: 25

1 The name of the limited liabi	lity company is:	SECRETARY OF STATE STATE OF IDAHO	
The name of the limited liability company is:		STATE OF IDAHO	
2DJ'S, LLC 2. The complete street and mai 409 N 2800 E, Preston, ID 83263 (Street Address)	_	itial designated office:	
(Mailing Address, if different than street a	ddress)		
3. The name and complete stre		ered agent:	
Darlene Johnson	409 N 2800 E, Pre	409 N 2800 E, Preston, ID 83263 US	
(Name)	(Street Address)		
4. The name and address of at company:	least one member or m	,	
<u>Name</u> Darlene Johnson	409 N 2800 F. Pre	<u>Address</u> 409 N 2800 E, Preston, ID 83263 US	
5. Mailing address for future co	respondence (annual re	eport natices):	
409 N 2800 E, Preston, ID 83263	,	,	
6. Future effective date of filing	(optional):		
_	<u> </u>		
Signature of a manager, mem	ber or authorized		
person.		Secretary of State use only	
Signature (Allowand how on)		IDAHO SECRETARY OF STATE	
Typed Name: Darlene Johnson		05/02/2016 05:00 CK:3044 CT:323855 BH:15263	
		10 100.00 = 100.00 ORGAN LL	
Signature		WILLOIII	
Tyned Name:		, ·	