



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

[Click here to clear form.](#)

2013 NOV -7 AM 8:51

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

~~DOUGLAS MILLS~~

D + V Cathe LLC

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

270 SAMARIA LANE Maled IDAHO 83252

(Street Address)

(Mailing Address, if different than street address)

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

Douglas Mills

(Name)

270 SAMARIA LANE Maled ID. 83252

(Street Address)

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

Name

Address

~~DOUGLAS~~ DOUGLAS MILLS

270 SAMARIA LANE Maled ID. 83252

Valerie Mills

270 SAMARIA LANE Maled ID. 83252

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

270 SAMARIA LANE Maled ID. 83252

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Secretary of State use only

Signature Doug Mills

Typed Name: DOUG MILLS

Signature Valerie Mills

Typed Name: Valerie Mills

IDAHO SECRETARY OF STATE  
11/07/2013 05:00  
CK: 163 CT: 289453 BH: 1397117  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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