

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 11 0CT 13 PM 12: 17

SPETARY OF STATE

TO TO	(Instructions on bac	ck of application)	STATE OF IDAHO	
1. The name of	the limited liability co	ompany is:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Dru	itriys til	e LLC		_
2. The complete	e street and mailing a	ddresses of the initial	designated/principal office:	
8165	E. Manda	u ct.		.
(Street Address)	Nampa	ID 8368	7	
(Mailing Address,	if different than street address)			
	d complete street add	_	•	
Dmi	triu Kora	K 8165 E.M	Landon of Voin	oc.
(Name)		(Street Address)	Mandan Ct Norm	,
4. The name an	d address of at least	one member or mana	ager of the limited liability	
company:				
Day: / .	Name //	0115 5 4	anday ex Nampa	50 021
pritry	Karek	8/61 1-14	anday of rumpa	JP 736
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•	ess for future correspo	ondence (annual repo	ort notices):	
-Seme			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
6 Future effecti	ve date of filing (optio	vnal):		
o. Tatale ellecti	ve date of filling topic	лату		-
Signature of a i	manager, member o	or authorized		
person.	****		0	
Signatura (A	20/		Secretary of State use only	
Signature Typed Name:	Ducitriy Kor	79K		
Typou Haine	2,001117 1001	<u> </u>		_
Signature			IDAHO SECRETARY OF STATI 10/13/2011 05: CK: A87233 CT: 172999 RH: 11	

cert_org_llc Rev. 07/2010

Typed Name: _____

1 @ 108.08 = 108.00 ORGAN LLC # 2

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