

Typed Name: Gail L. Richardson

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 JUN 12 AM 8-42

| ¥. | (instructions on da | ick of application | |
|------|--|--|--|
| | The name of the limited liability company is: D Squared Enterprises LLC | | SECRETARY OF ID |
| | | | |
| 2. | The complete street and mailing addresses of the initial designated office: 2029 Mountain View Circle Twin Falls, ID 83301 | | |
| | (Street Address) | | |
| | (Mailing Address, if different than street address | 3) | |
| 3. | The name and complete street address of the registered agent: | | |
| | David W Dickerson | 2029 Mountair | November 1 View Circle Twin Falls, ID 83301 |
| | (Name) | (Street Address) | |
| | The name and address of at least one member or manager of the limited liability company: | | |
| | <u>Name</u> David W Dickerson | 2020 Mauntain | Address View Circle, Twin Falls, ID, 93201 |
| | | 2029 Mountain View Circle Twin Falls, ID 83301 | |
| | Gail L Richardson | 2029 Mountain View Circle Twin Falls, ID 83301 | |
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| _ | NA TO STATE OF THE | | |
| 5. | Mailing address for future correspondence (annual report notices): 2029 Mountain View Circle Twin Falls, ID 83301 | | |
| | | | |
| 6. | Future effective date of filing (opti | ional): | |
| | | | |
| | nature of a manager, member son. | or authorized | |
| | (1)(1, 1// | | Secretary of State use only |
| Sigr | nature ///// | | IDAMO SECRETARY OF STATE 86/12/2015 05:00 |
| Гур | ed Name: David W. Dickerson | | CK:1319 CT:301845 BH:1479 |
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| Siar | nature & Tally Markey - | | |

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