

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 JAN 28 AM 8:35

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

DLB 1838 LLC

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

1838 ALTURAS DRIVE, TWIN FALLS, IDAHO 83301

(Street Address)

(Mailing Address, if different than street address)

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

DARLENE LOUISE BROWN

(Name)

1838 ALTURAS DRIVE, TWIN FALLS, IDAHO 83301

(Street Address)

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

NameAddress

DARLENE LOUISE BROWN

1838 ALTURAS DRIVE, TWIN FALLS, IDAHO 83301

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

1838 ALTURAS DRIVE, TWIN FALLS, IDAHO 83301

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: DARLENE LOUISE BROWN

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/28/2011 05:00
CK: 7330 CT: 254522 DN: 1257422
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