



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 APR 19 AM 8:45

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

D Plow LLC

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

275 Garfield Ave. , Harrison, ID

(Street Address)

P.O. BOX 124 Harrison, ID 83833

(Mailing Address, if different than street address)

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

David Grant

(Name)

275 Garfield Ave. Harrison, ID

(Street Address)

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

Name

Address

Sandra Grant

275 Garfield Ave. Harrison, ID

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

P.O. BOX 124 Harrison, ID 83833

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

Signature of a manager, member or authorized person.

Signature

David Grant

Typed Name: David Grant

Signature

Typed Name: _____

Secretary of State use only

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04/19/2013 05:00
CK: 3417 CT: 282167 BH: 1370291
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