



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

1. The name of the limited liability company is:

2013 MAR 18 AM 9:20

Dragon's Blood LLC

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

542 E 1st N, St. Anthony, ID 83445

(Street Address)

(Mailing Address, if different than street address)

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

Jared Brague

(Name)

542 E 1st N, St. Anthony, ID 83445

(Street Address)

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

Name

Address

Heriberto Paredes

45 S 3rd E, Rexburg, ID 83440

Jared Brague

542 E 1st N, St. Anthony, ID 83445

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

542 E 1st N, St. Anthony, ID 83445

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Heriberto Paredes

Signature

Typed Name: Jared Brague

Secretary of State use only

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03/18/2013 05:00
CK: 1060 CT: 259762 DN: 1365185
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