



(Instructions on back of application)

2007 JAN -9 AM 8: 54

SECRETARY OF STATE  
STATE OF IDAHO

- 1. The name of the limited liability company is:**

**DRIP 2, LLC**

- 2. The street address of the initial registered office is:**

**4487 N. Dresden Lane, Suite 101, Boise, Id 83714**

and the name of the initial registered agent at the above address is:

**Morris Grigg**

- 3. The mailing address for future correspondence is:**

**4487 N. Dresden Lane, Suite 101, Boise, ID 83714**

- 4. Management of the limited liability company will be vested in:**

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name

**Address**

**Morris Grigg**

4487 N. Dresden Pl. Ste 101, Boise, Id 83714

- 6. Signature of at least one person responsible for forming the limited liability company:**

Signature: M. D. [Signature]

Typed Name: Morris Grigg

**Capacity: Member**

**Signature**

**Typed Name:**

**Capacity:**

**Secretary of State use only**

1:corpMortgageLLC format for organization.p65  
 Received 07/20/02

### Web Forms

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 01/09/2007 05:00  
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