



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

Name

Signature: (

Signature

Capacity:

Capacity: MEMBER

Typed Name: _____

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(Instructions on back of application) SECRETARY OF STATE STATE OF IDAHO 1. The name of the limited liability company is: **DLA ENTERPRISES LLC** 2. The street address of the initial registered office is: 351 ELM STREET NORTH APT #2, TWIN FALLS, ID 83301 and the name of the initial registered agent at the above address is: DONNA L ARRINGTON 3. The mailing address for future correspondence is: 351 ELM STREET NORTH APT #2, TWIN FALLS, ID 83301 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. Address DONNA L ARRINGTON 351 STREET NORTH APT #2 TWIN FALLS, ID 83301 6. Signature of at least one person responsible for forming the limited liability company: Typed Name: DONNA L ARRINGTON Secretary of State use only IDAHO SECRETARY OF STATE

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