

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

(Instructions on back of application)

2012 MAR -1 AM 9: 19

1.	The name of the limited liability co	,	SECRETARY OF STATE STATE OF IDAHO	
2.	The complete street and mailing addresses of the initial designated office:			
	700 S Woodruff Aver		•	
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Paul A. Fife (Name)	700 S Wo	oodruff, Idaho@Falls, ID 83401	
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>		<u>Address</u>	
	Paul A. Fife	700 S Wood	ruff, Idaho Falls, ID	
	Josh Cutler	2199 N Wo	odruff, Idaho Falls	
	David Cutler	4225 N 5t	h W, Idaho Falls	
5.	5. Mailing address for future correspondence (annual report notices):			
6.	6. Future effective date of filing (optional):			
_	gnature of a manager, member o	r authorized		
	nature Aul TE		Secretary of State use only	
ıyp	ped Name: <u>+Auc A. IFAE</u>			
_	nature		IDAHO SECRETARY OF STATE 03/01/2012 05:00 CK: NO CK N CT: 212545 BH: 1313832	
Tyr	oed Name:		1 9 100.00 = 100.00 DRGAN LLC # 2	