

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2015 AUG 10 AM 9: 42

The name of the limited liability company is:		SECRETARY OF STATE STATE OF IDAHO	
2. The complete street and mai	iling addresses of the		
179 EAST 2ND REXBURG, ID 8	3440		
(Street Address)			
(Mailing Address, if different than street	address)		
. The name and complete stre	et address of the re	gistered agent:	
PETER DUCE		179 EAST 2ND REXBURG, ID 83440	
(Name)	(Street Address	(Street Address)	
. The name and address of at company:	least one member of	or manager of the limited liability	
<u>Name</u>		<u>Address</u>	
PETER DUCE	179 EAST 2N	179 EAST 2ND REXBURG, ID 83440	
<u></u>	<u> </u>		
 Mailing address for future co 	rrespondence (annu	al report notices):	
179 EAST 2ND REXBURG, ID 8	,		
i. Future effective date of filing	(optional):		
ignature of a manager, mem	ber or authorized		
erson.		Secretary of State use only	
gnature /////		IDANO SECRETARY OF STATE 08/10/2015 05:00	
yped Name: PETER DUCE		CK:1019 CT:313327 BH:14875	
		16 100.00 = 100.00 DRGAN LLC	
gnature			
yped Name:		MICHELLA	

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