



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 FEB 27 PM 4:19

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Dekatre LLC

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

6635 E Harrington Dr. Nampa, ID 83687

(Street Address)

(Mailing Address, if different than street address)

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

Westly Harris

(Name)

6635 E Harrington Dr. Nampa, ID 83687

(Street Address)

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

Name

Address

Westly Harris

6635 E Harrington Dr. Nampa, ID 83687

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

6635 E Harrington Dr. Nampa, ID 83687

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

West Harris

Typed Name: Westly Harris

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/27/2015 05:00

CK:1065 CT:280914 BH:1463899

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