



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 MAR 18 AM 9:13

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

DTS-3, LLC

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

3156 JOHN ADAMS PARKWAY

(Street Address)

IDAHO FALLS ID 83406

(Mailing Address, if different than street address)

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

TYLER JONES

(Name)

3156 JOHN ADAMS PKWY, IDAHO FALLS ID 83406

(Street Address)

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

**Name**

**Address**

TYLER JONES

3156 JOHN ADAMS PKWY, IDAHO FALLS ID 83406

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

3156 JOHN ADAMS PARKWAY, IDAHO FALLS ID 83406

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature \_\_\_\_\_

Typed Name: TYLER JONES

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
03/18/2013 05:00  
CK: 1001 CT: 280750 BN: 1365162  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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