

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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	(matraodoria on back	or application)	SECRETARY OF STATE
1.	The name of the limited liability com	npany is:	STATE OF IDAHO
	Blake	/Devlin Enterprise LLC	
•	The complete street address, and mailing address if different, of the initial designated/principal office:		
	3837 Red Rive	er Road, Elk City, Idaho 8	3525
.	The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:		
	National Registered Agents, Inc. 1423 Tyrell Lane Boise, ID 83706 County of Ada		
4.	The name and address of at least one member or manager of the limited liability company:		
	Name		Address
	Robert Blake	3837 Red River F	Road, Elk City, Idaho 83525
	Shawn Devlin	3837 Red River F	Road, Elk City, Idaho 83525
	Mailing address for future correspon	ndence (annual report	•
	Future effective date of filing (option		
_	nature of an organizer(s). (An organizer acting in behalf of a required, and existing,		·
r m	embers).	Q	Secretary of State use only
		OND_BC.PMD	•

Typed Name: Karmelia Fredrick, Legalzoom.com, Inc.

Signature_

Typed Name:

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