

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

LINITED LIABILITY CON	MPANY 2014 MAY -7 AM 8: 48
(Instructions on back of applicat	
1. The name of the limited liability company is:	SECRETARY OF STATE STATE OF FAMO
Johnson, Navin LCG	OME VARIAN
2. The complete street and mailing addresses of t	
106 Whipsaw Lame K	etchum ID 83340
(Street Address) PO BOX 4664 (Mailing Address, if different than street address)	Cetchum 1D 83340
3. The name and complete street address of the r	registered agent:
Shaw Phillips 106 W	olipsaw Cone Ketchum 10 83340
The name and address of at least one member company:	r or manager of the limited liability
Name	Address
Shawn Phillips PO Bo	x 41664 Ketchum ID 83340 moi)
	psow lone Ketchum 10 83840 smeet 3
5. Mailing address for future correspondence (ann	nual report notices):
PO Box 4664 Ketchum ID	·
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized	d
person.	Secretary of State use only
Signature //	IDAHO SECRETARY OF STATE
Typed Name: Shawn Phillips	05/07/2014 05:00 CK:1035714771 CT:296571 BH:1423 16 100:00 = 100:00 DRGAN LLC
Signature	
Typed Name:	

W137620