

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

PARTIED EFFECTIVE

(Instructions on back of application)

	$\frac{36}{6}$
1. The name of the limited liability cor	mpany is: $^{-7A/}_{\mathcal{E}_{O_{ij}}}$ $^{-7A/}_{\mathcal{E}_{O_{ij}}}$ $^{-7A/}_{\mathcal{E}_{O_{ij}}}$
McCall 4x4 Rental, ILC.	
2. The street address of the initial regi	istered office is:
3335 Woodland Road, New Mead	
and the name of the initial registere Robert F Good	u agent at the above address is:
3. The mailing address for future corre	spondence is:
3335 Woodland Road, New Mead	
4. Management of the limited liability of	
Manager(s) v or Member(s)	7
	(please check the appropriate box)
	e or more manager(s), list the name(s) and nager. If management is to be vested in the lress(es) of at least one initial member.
Name	Address
Robert F. Good	3335 Woodland Road Names
Heather J. Moore	3335 Woodland Road, New Meadows, Id 83654
	3335 Woodland Road, New Meadows, Id 83654
Signature of at least one person response.	Onsible for forming the limite of the limit
6. Signature of at least one person response	onsible for forming the limited liability company:
Typed Name: Robert Franklin Good	& d.
Signature.	& d.
Typed Name: Robert Franklin Good Capacity: Founder, Manager	& d.
Typed Name: Robert Franklin Good	Secretary of State use only IDAHO SECRETARY OF STATE