

ARTICLES OF ORGANIZATION LED/EFFECTIVE

(Instructions on back of application)

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STATE OF IDAHO

1.	The name of the limited liability company	is:	TEVE	BURN GARA	AGE TIC		<u> </u>
2.	The address of the initial registered office	is:	500	So. Flore	nce Nam	ıpa,	ID 83686
	agent at that address is: Phillip Stev Signature of registered agent: Phillip		k	- and the na	me of the	initial	registered
3.	Management of the limited liability company will be vested in: Manager(s) or Member(s) . (please check the appropriate box)						
4.	If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the members, list the name(s) and address(es) of at least one initial member. Name Address						
	Phillip Steve Burk	2500	So.	Florence	Nampa,	ID	83686
	Kelli S. Burk	2500	So.	Florence	Nampa,	ID	83686
		<u> </u>	 				
5.	Signature of at least one person responsible for forming the limited liability company: Phillip Steven Buk IDANO SECRETARY OF STATE						
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