

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

SECRETARY OF STATE OF

	± 01 70	(Instructions on	back of appli	cation)	STATE OF STA	
I. TI	he name of the	he limited liability compa				
	he address of	· /	fice is: 2 (not a Po	10 OHI	ne name of the initial registered	יט
S	ignature of re	gistered agent :	go f. Van			
. Is	s managemen	t of the limited liability c Yes		ed in a ma heck appropriat		
le	ast one initial		ent is vested ber.	in the me		
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_					Harles, Id 8	146
. s	signature of at	least one person listed	in #4 above:			
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