

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

~=~(8A) \	OF ORGANIZATION IABILITY COMPANY Ins on back of application) Ability company is:
	ns on back of application)
I. The name of the limited lia	ability company is:
2. The street address of the i	nitial registered office is:
and the name of the initial 2435 Chaparro, Blackfor	registered agent at the above address is: ot, Idaho, 83221
 The mailing address for fut 2435 Chaparro, Blackfor 	
	liability company will be vested in:
. If management is to be ves	ted in one or more manager(s), list the name(s) and initial manager. If management is to be vested in the
5. If management is to be ves address(es) or at least one	() La constant appropriate box/
i. If management is to be ves address(es) or at least one member(s), list the name(s	sted in one or more manager(s), list the name(s) and initial manager. If management is to be vested in the s) and address(es) of at least one initial member.
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