

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

07 NOV 16 AM 8: 24

SECRETABLE

The name of the limited liability company     Check N Out LLC	STATE OF IDAHO
<ol> <li>The street address of the initial registered</li> <li>1495 Parkway Drive, Suite C Blackfoot,</li> </ol>	•
and the name of the initial registered age  Jennifer DeKay	nt at the above address is:
3. The mailing address for future correspon- 1495 Parkway Drive, Suite C Blackfoot,	
4. The limited liability company will be:	
Manager-managed or Member-man	naged (please check the appropriate box)
5. If manager-managed, list the name(s) and if member-managed, list the name(s) and	d address(es) of at least one initial manager. I address(es) of at least one initial member.
Name	Address
Jennifer DeKay 417	West 280 North Blackfoot, Idaho 83221
6. Signature of at least one person responsi	ble for forming the limited liability company:
Signature: bund lifacy  Typed Name: Jennifer DeKay	Secretary of State use only
Capacity: Owner/Manager	- W6859)
Signature Typed Name:	IDAHO SECRETARY OF STATE  11/16/2007 95:00
Capacity:	