



# ARTICLES OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

07 SEP 19 AM 8:36  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

EMPTY POCKETS LLC

2. The street address of the initial registered office is:

370 Diamond Street, Driggs, ID 83422

and the name of the initial registered agent at the above address is:

Dan O'Donnell

3. The mailing address for future correspondence is:

PO Box 685, Driggs, ID 83422

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. 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 member(s), list the name(s) and address(es) of at least one initial member.

Name

Address

SHARON BEARD

PO Box 685, Driggs, ID 83422

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Sharon Beard

Typed Name: Sharon Beard

Capacity: Member

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Secretary of State use only

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Revised 07/2002

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09/19/2007 05:00  
CK: 3888 CT: 217694 DH: 1076346  
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Web Form

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