

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY 07 SEP-4 AM 9: 50

	(Instructions on back of ap	STATARY OF CO
1.	The name of the limited liability company	plication) SECRETARY OF STATE is:
	BNT, LLC	
2 . '	The street address of the initial registered	office is:
	1401 Shoreline Drive, Suite 2, Bois	se, Idaho 83702
i	and the name of the initial registered agen	nt at the above address is:
	Corporation Service Company	
3.	The mailing address for future correspond	ence is:
	PO Box 2920, Post Falls, ID 83877	
4.	Management of the limited liability company will be vested in:	
	Manager(s) or Member(s)	please check the appropriate box)
	address(es) or at least one initial manager	r. If management is to be vested in the
	address(es) or at least one initial manager member(s), list the name(s) and address(Name	r. If management is to be vested in the
	address(es) or at least one initial manager member(s), list the name(s) and address(Name KAREN J BERGMAN PO	r. If management is to be vested in the es) of at least one initial member. Address
	address(es) or at least one initial manager member(s), list the name(s) and address(Name KAREN J BERGMAN PO	r. If management is to be vested in the es) of at least one initial member. Address Box 2920
	address(es) or at least one initial manager member(s), list the name(s) and address(Name KAREN J BERGMAN PO	r. If management is to be vested in the es) of at least one initial member. Address Box 2920
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6.	address(es) or at least one initial manager member(s), list the name(s) and address(Name KAREN J BERGMAN PO Pos	r. If management is to be vested in the es) of at least one initial member. Address Box 2920 St Falls, ID 83877 ble for forming the limited liability company:
6.	Address(es) or at least one initial manage member(s), list the name(s) and address(Name KAREN J BERGMAN PO Pos Signature of at least one person responsil construct appropriate to the construction of t	r. If management is to be vested in the es) of at least one initial member. Address Box 2920 St Falls, ID 83877 ble for forming the limited liability company:
6.	Address(es) or at least one initial manage member(s), list the name(s) and address(Name Name PO	r. If management is to be vested in the es) of at least one initial member. Address Box 2920 St Falls, ID 83877 ble for forming the limited liability company:
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6.	Address(es) or at least one initial manage member(s), list the name(s) and address(Name KAREN J BERGMAN PO Pos Pos Signature of at least one person responsite content on Selvic Company, Organizer Signature: Typed Name: Yolanda Baber	r. If management is to be vested in the es) of at least one initial member. Address Box 2920 St Falls, ID 83877 ble for forming the limited liability company: Secretary of State use only

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