

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

LIVITEDLIAE	SILITY COMPANY CZZZ Phi
(Instructions or	n back of application)
 The name of the limited liability 943 LLC 	company is:
2. The street address of the initial	registered office is:
19962 W RIVERVIEW DR, P	POST FALLS, ID 83854
and the name of the initial regis	stered agent at the above address is:
3. The mailing address for future o	correspondence is:
19962 W RIVERVIEW DR, P	POST FALLS, ID 83854
4. Management of the limited liabi	ility company will be vested in:
Manager(s) or Member(s	S) (please check the appropriate box)
5. If management is to be vested i	in one of more manager(3), include name(3) and
address(es) of at least one initia	al manager. If management is to be vested in the d address(es) of at least one initial member. Address
address(es) of at least one initia member(s), list the name(s) and	d address(es) of at least one initial member.
address(es) of at least one initia member(s), list the name(s) and Name	d address(es) of at least one initial member. Address
address(es) of at least one initial member(s), list the name(s) and Name KEVIN BETTIS	d address(es) of at least one initial member. Address 19962 W RIVERVIEW DR, POST FALLS, ID
address(es) of at least one initial member(s), list the name(s) and Name KEVIN BETTIS ROBIN BETTIS	d address(es) of at least one initial member. Address 19962 W RIVERVIEW DR, POST FALLS, ID 19962 W RIVERVIEW DR, POST FALLS, ID
address(es) of at least one initial member(s), list the name(s) and Name KEVIN BETTIS ROBIN BETTIS	address(es) of at least one initial member. Address 19962 W RIVERVIEW DR, POST FALLS, ID 19962 W RIVERVIEW DR, POST FALLS, ID n responsible for forming the limited liability company:
address(es) of at least one initial member(s), list the name(s) and Name KEVIN BETTIS ROBIN BETTIS 6. Signature of at least one person Signature: Typed Name: KEVIN BETTIS	address(es) of at least one initial member. Address 19962 W RIVERVIEW DR, POST FALLS, ID 19962 W RIVERVIEW DR, POST FALLS, ID n responsible for forming the limited liability company:
address(es) of at least one initial member(s), list the name(s) and Name KEVIN BETTIS ROBIN BETTIS 6. Signature of at least one person Signature:	address(es) of at least one initial member. Address 19962 W RIVERVIEW DR, POST FALLS, ID 19962 W RIVERVIEW DR, POST FALLS, ID n responsible for forming the limited liability company:
address(es) of at least one initial member(s), list the name(s) and Name KEVIN BETTIS ROBIN BETTIS 6. Signature of at least one person Signature: Typed Name: KEVIN BETTIS Capacity: MEMBER	address(es) of at least one initial member. Address 19962 W RIVERVIEW DR, POST FALLS, ID 19962 W RIVERVIEW DR, POST FALLS, ID n responsible for forming the limited liability company:
address(es) of at least one initial member(s), list the name(s) and Name KEVIN BETTIS ROBIN BETTIS 6. Signature of at least one person Signature: Typed Name: KEVIN BETTIS	n responsible for forming the limited liability company: Secretary of State use only IDAHO SECRETARY OF STACKS.