



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2003 DEC 22 PM 2:41
STATE OF IDAHO

1. The name of the limited liability company is:

Twin Feathers LLC

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

2663 Inkom Road

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

John Wurzer

3. The mailing address for future correspondence is:

2663 N Inkom Road Inkom Idaho 83245

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
John Wurzer	2663 N Inkom Road Inkom Idaho 83254
Torr Olson	1457 E 4450 N Buhl Idaho 83316

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

Signature:

Typed Name: John Wurzer

Capacity: Manager/Owner

Signature:

Typed Name: Torr Olson

Capacity: Manager/Owner

Secretary of State use only

g:\corp\forms\LLC\forms\artiso\organization.p65
Revised 07/2002
Web Form

IDAHO SECRETARY OF STATE
12/22/2003 05:00
CK: 512872132 CT: 175200 BH: 710143
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W27522



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

Twin Feathers LLC

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

2663 Inkorn Road

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

John Wurzer

3. The mailing address for future correspondence is:

2663 N Inkorn Road Inkorn Idaho 83245

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
John Wurzer	2663 N Inkorn Road Inkorn Idaho 83254
Torr Olson	1457 E 4450 N Buhl Idaho 83316

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

Signature:

Typed Name: John Wurzer

Capacity: Manager/Owner

Signature:

Typed Name: Torr Olson

Capacity: Manager/Owner

Secretary of State use only

IDAHO SECRETARY OF STATE
12/22/2003 05:00
CK: 512872132 CT: 175200 BH: 718143
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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Revised 07/2002

Web Form

W27522