

Capacity: \_

## **ARTICLES OF ORGANIZATION** LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

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T T	(Instructions on back)	• • •
1,	The name of the limited liability comp	pany is: SEGAL A LIF STATE STATE STATE
	PARMA VENTURES, LEC	<u> </u>
2.	The street address of the initial registe	ered office is:
	3413 Tayten Drive, Nampa, Idaho	83686
	and the name of the initial registered	agent at the above address is:
	Christopher Planinshek, Sr.	
3.	The mailing address for future corresp	oondence is:
	3413 Tayten Drive	
4.	Management of the limited liability cor	mpany 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
	Christopher Planinshek, Sr.	3413 Tayten Drive, Nampa, ID 83686
	Dawn Planinshek	3413 Tayten Drive, Nampa, ID 83686
	John Planinshek, Jr.	8849 Tamebird Court, Columbia, MD 21045
	Oxana Planinshek	8849 Tamebird Court, Columbia, MD 21045
6.	Signature of at least one person response	onsible for forming the limited liability company:
	Signature:	Secretary of State use only
	Capacity: Managing Member	uogaziue
3	Signature	Secretary of State use only

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