

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

08 MAY 12 AM 9: 05

1.	The name of the limited liability cor LT PROPERTY MANAGEMENT L	•	SECRETARY OF STATE STATE OF IDAHO
2.	The street address of the initial registered office is: 1772 TOUCH DR INKOM ID 83245		
	and the name of the initial registere DEVOY S GOFF	d agent at the abov	e address is:
3.	The mailing address for future correspondence is: 1772 TOUCH DR INKOM ID 83245		
4.	The limited liability company will be: Manager-managed or Member-managed (please check the appropriate box)		
5.	If manager-managed, list the name(s) If member-managed, list the name(s) Name	s) and address(es) s) and address(es)	of at least one initial manager. of at least one initial member. Address
	DEVOY S GOFF	1772 TOUCH DR	INKOM ID 83245
	STACEE L GOFF	1772 TOUCH DR	INKOM ID 83245
	Signature of at least one person responses	oonsible for forming	the limited liability company:
(Signature: Typed Name: DEVOY S GOFF Capacity: MEMBER Signature STACEE L GOFF Capacity: MEMBER	orpforms\(\text{LC}\) forms\(\text{forms\text{arter}}\) Revised (5/2007)	IDAHO SECRETARY OF STATE 95/12/2008 95:00 CK: 1416 CT: 225869 BH: 1114543 1 9 100.00 = 100.00 ORGAN LLC # 2 1 9 20.00 = 20.00 EXPEDITE C # 3

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