

## **ARTICLES OF ORGANIZATION** LIMITED LIABILITY COMPANY (Instructions on back of application)

(Instructions on back of application)		
1.	The name of the limited liability comp	pany is:
2.	2. The street address of the initial registered office is: 233 Birch Haven Drive, Sagle, Idaho 83860	
	and the name of the initial registered Robert Lange	agent at the above address is:
3.	The mailing address for future correspondence is: 233 Birch Haven Drive, Sagle, Idaho 83860	
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
	Robert Lange	233 Birch Haven Drive, Sagle, Idaho 83860
	Judith Lange	233 Birch Haven Drive, Sagle, Idaho 83860
6. Signature of at least one person responsible for forming the limited liability company:		
	Signature: Volunt (My) Typed Name: Robert Lange Capacity: Managing Member	Secretary of State use only
	Signature <u>Ludoth Funge</u> Typed Name: Sudith Lange Capacity: Member	IDAHO SECRETARY OF STATE  12/16/2004 05:00  CK: 6788 CT: 184413 BH: 781975  1 # 198.68 = 188.66 ORGAN LLC # 6
	Capacity,	======================================