

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY U5 JAN 19 AM 10: 01

(Instructions on back of application)

FILED EFFECTIVE

1.	The name of the limited liability compa	any is: SECRETARY OF STATE STATE OF IDAHO	
2.	2. The street address of the initial registered office is: 13340 N Horseshoe Bend Rd, Boise, ID, 83714		
	and the name of the initial registered a Cory L Anderson	agent at the above address is:	
3.	The mailing address for future correspondence is: Same as above		
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	
	Cory L Anderson	13340 N Horseshoe Bend Rd, Boise, ID, 83714	
:	Signature of at least one person responsion of the Signature: Signature: Can Signature: Can Signature: Cory L Anderson Capacity: Owner	Secretary of State use only	
•	Signature Typed Name: Capacity:	100	