## FII ED/EFFECTIV



## **ARTICLES OF ORGANIZATION** LIMITED LIABILITY COMPAINTY PH 12: 26

(Instructions on back of application) A FACY OF STATE STATE OF IDAHO

1.	The name of the limited liability comp	pany is:
2.	The street address of the initial registered office is: 943 N LINDER SUITE 104, KUNA, ID 83634	
	and the name of the initial registered KEVIN HULSEY	agent at the above address is:
3.	The mailing address for future correspondence is:  337 W IOWA AVENUE, NAMPA, ID 83686	
4.	Management of the limited liability company will be vested in:	
	Manager(s) or Member(s) (please check the appropriate box)	
5.	nanagement is to be vested in one or more manager(s), list the name(s) and dress(es) or at least one initial manager. If management is to be vested in the ember(s), list the name(s) and address(es) of at least one initial member.	
	Name	Address
	KEVIN HULSEY	910 W HACKAMORE, NAMPA, ID 83686
5	Signature: O There	onsible for forming the limited liability company:
(	Typed Name: ORVAL O. MAULDIN Capacity: MEMBER, CFO Signature	Secretary of State use only
	Signature	IDAHO SECRETARY OF STATE
	Panacity:	1 9 100.00 = 100.00 ORGAN LLC

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