

Capacity: __

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

04 DEC 10 PM 3: 06

1.	The name of the limited liability comp	oany is:	SECRETARIO DE STATE STATE OF IDAHO
2.	The street address of the initial regist 9387 N. Snaffle Bit Ln., Kuna, ID 8		
	and the name of the initial registered Tami McHugh	agent at the above	e address is:
3.	The mailing address for future correspondence is: 9387 N. Snaffle Bit Ln., Kuna, ID 83634		
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	
	Tami McHugh	9387 N. Snaffle Bit Ln., Kuna, ID 83634	
	Timothy McHugh	9387 N. Snaffle Bit Ln., Kuna, ID 83634	
	Daniel Forrey	1002 Diamond, Nampa, 1083686	
	Signature of at least one person resp	onsi j ole for forming	
	Typed Name: Tami McHugh		Secretary of State use only
	Capacity: Member		
	Signature Typed Name:	skLL Cforms\artsoforganization.p65	IDAHO SECRETARY OF STATE 12/10/2004 05:0 CK: 1235 CT: 181122 BH: 7889 1 0 188.80 = 188.80 ORGAN LLC

1 0 100.00 = 100.00 ORGAN LLC # 2

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