

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

	LIMITED LIABILITY COMPANY
W.	(Instructions on back of application) LIMITED LIABILITY COMPANY (Instructions on back of application) STATE OF IDAHO 15
1.	The name of the limited liability company is: Potratz Ventures, LLC
2.	The street address of the initial registered office is: 611 Scott Street, Troy, Idaho 83871
	agent at the above address is: Michael D. Potratz and the name of the initial registered
3.	The mailing address for future correspondence: P.O. Box 177, Troy, Idaho 83871
ŀ.	Management of the limited liability company will be vested in:
	Manager(s) \square or Member(s) \boxed{X} . (please check the appropriate box)
j.	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 members, list the name(s) and address(es) of at least one initial member. Name Address
-	Michael D. Potratz P.O. Box 177, Troy, Idaho 83871
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	Signature of at least one person responsible for forming the limited liability company:
	Signature MDP tat
	Secretary of State use only Capacity Member
9	Signaturesignature
٦	Typed Name

 $Manager(s) \ \, \textstyle \ \, \bigcap \ \, or \ \, Member(s) \boxed{\chi} \ \, \text{. (please check the appropriate box)}$ 5. If management is to be vested in one or more manager(s), list the at least one initial manager. If management is to be vested in the address(es) of at least one initial member. Addres Michael D. Potratz P.O. Box 177, Tr 6. Signature of at least one person responsible for forming the limite Typed Name Michael D otratz Signature _____ Typed Name _____ Capacity _____ CK: 4324 CT: 9686 BH: 441978 1 0 100.00 = 100.00 ORGAN LLC # 2 √ \1860