

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

06 NOV -1 PM 4: 31

(Instructions on back of application)

SECRETARY OF CT

1.	The name of the limited liability comp	any is:	STATE OF IDAHO	
2.	The street address of the initial registered office is: 7387 W. Tobi St. Boise, ID 83714			
	and the name of the initial registered agent at the above address is: Casey Boren			
3.	The mailing address for future correspondence is: 7387 W. Tobi St. Boise, ID 83714			
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	
	Casey Boren	7387 W. Tobi St.	Boise, ID 83714	
6.	Signature of at least one person responsible for forming the limited liability company:			
•	Signature:	S S S S S S S S S S S S S S S S S S S	Secretary of State use only	
	Capacity: Member	orp/forms/LLC/forms/articoforgarization.p65	W 55900	
	Signature	bomstLC formst	IDAHO SECRETARY OF STATE	
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