



**ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY** **FILED/EFFECTIVE**

(Instructions on back of application)

01 DEC 17 AM 9:15



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 members, list the name(s) and address(es) of at least one initial member.

Name \_\_\_\_\_

### Address

Julie Sherwood

3245 S. 55th W. Idaho Falls, ID 83402

6. Signature of at least one person responsible for forming the limited liability company:

**Signature**

Signature Julie Sherwood  
Typed Name Julie Sherwood

Typed Name Julie Sherwood

Secretary of State use only

### Capacity Manager

**Signature**

Typed Name

## Capacity

IDaho SECRETARY OF STATE  
12/17/2001 05:00  
CK: 3247 CT: 154656 BH: 434792  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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