

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

ARTICLES	OF ORGANIZAT ABILITY COMPA	ANY	
(Instruction	s on back of application)	\$74/12/227	
The name of the limited lia	bility company is: Maxon	40 / 2	
The street address of the in	itial registered office is: $\underline{11}$	11 Four Seasons Way,#12, Ketchum,	
TD 022/10		and the name of the initial registere	_
agent at the above address The mailing address for fut	is: Kent Maxon ure correspondence: P.0). Box 4865, Ketchum, ID 83340	- -
Management of the limited			
Manager(s) or Memb	er(s) . (please check the appro	ropriate box)	
at least one initial manage address(es) of at least on Name Kent Maxon	ne initial member.	ger(s), list the name s) and address(es) ovested in the members, list the name(s) and address Address Box 4865, Ketchum, ID 83340	
6. Signature of at least one	e person responsible for for	rming the limited liability company:	
Signature Feat Wax Typed Name Kent Max Capacity Member Signature	OH	Secretary of State use only Secretary of State use only Thank Secretary of State use only	
Typed Name		- 10 AMU SELKETHRY UF S - 10 AMU SELKETHRY UF S E 5 4 / ごも / ごもしょ は LK: 1794 CT: 159929 BH 1 を 100.00 = 100.00 ORG	15 = 6

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