



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED/EFFECTIVE

01 AUG 17 AM 8:42
CLERK OF STATE
STATE OF IDAHO

1. The name of the limited liability company is: _____

COYGIRL WINDY ADVENTURES, L.L.C.

2. The address of the initial registered office is: _____

8725 COVEYRIDGE LN BOISE, ID-83709

and the name of the initial registered agent at that address is: JOHN D. FREEMAN

3. The mailing address for future correspondence: _____

8725 COVEYRIDGE LN BOISE, ID 83709

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

Name

Address

PATRICIA FREEMAN-MARTIN

64980 N. Powder River Ln.
North Powder, OR 97867

JOHN D. FREEMAN

8725 Coveyridge Ln.
Boise, ID 83709

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

Signature

John D. Freeman

Typed Name

John D. Freeman

Capacity

Manager

Signature

Typed Name

Capacity

Secretary of State use only

g:\corp\forms\LLC forms\startorg\organization.pdf Revised 01/2001

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08/17/2001 05:00
CK: 1426 CT: 150150 BH: 414041
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