

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2007 APR 16 PM 2: 24

1.	The name of the limited liability com	SECHETARY OF STATE pany is: STATE OF IDAHO
2.	The street address of the initial regis	
	and the name of the initial registered Lea Ann Allen	agent at the above address is:
3.	The mailing address for future corres 485 Ensign Drive, Ammon, ID 834	
4.	Management of the limited liability co	mpany 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
	·	
6.	Name Lea Ann Allen-Manager Signature of at least one person response	Address 485 Ensign Drive, Ammon, ID 83406 onsible for forming the limited liability company:
5 . T	Name Lea Ann Allen-Manager Signature of at least one person responsion to the control of the c	Address 485 Ensign Drive, Ammon, ID 83406
\$. T . C	Name Lea Ann Allen-Manager Signature of at least one person response	Address 485 Ensign Drive, Ammon, ID 83406 Onsible for forming the limited liability company: Secretary of State use only IDAHO SECRETARY OF STATE 94/16/2607 65:00 CK: 1114653 CT: 172999 Riv: 1847432

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