

ARTICLES OF ORGANIZATIONLED EFFECTIVE LIMITED LIABILITY COMPANY 05 JUL 19 AM 9: 41

	(Instructions on bac	ck of application)	
1.	The name of the limited liability cor	mpany is:	SECRETATION OF STATE STATE OF IDAHO
2.	The street address of the initial regi		
	190 Tamarack Falls RD Donnelly ID 83615		
	and the name of the initial registered agent at the above address is:		
	Levi D. Anderson		
3.	The mailing address for future correspondence is:		
	PO Box 225 Donnelly ID 83615		
5.	Management of the limited liability company will be vested in:		
	Manager(s) ✓ or Member(s) (please check the appropriate box)		
	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		
	Levi D Anderson	PO Box 225 Don	nnelly ID 83615
	Signature of at least one person resp	onsible for forming	the limited liability company:
	ignature: Levi D. Anderson		Secretary of State use only
	apacity: Manager		
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S	ignature	forms/LLC/terms/	IDAHO SECRETARY OF STATE 97/19/2005 05:0
- 13	uned Name:	4.5	UNI EMBAR (.I. 1986AN) NEW 8226
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