

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY SEP -5 PM 1: 11.

	(Instructions on	n back of application)	SECRETARY OF OTHER
1. The na	ame of the limited liability	company is:	SECRETARY OF STATE STATE OF IDAHO
	AT SENSATIONS LLC	,, <del></del>	10/14/V
2. The st	reet address of the initial		
514	MAIN STREET	Ashton, Idah	83420
and th	ne name of the initial regis	stered agent at the abov	re address is:
	CY KERBS		
•			The second se
	nailing address for future o	correspondence is:	
<u>PO E</u>	3OX 249		
I. Mana	gement of the limited liabi	ility company will be ves	sted in:
	ger(s) 🚺 or Member(s		•
raction (int)	Aci(a) [A] or Memper(s	(hease cleak the s	appropriate von
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5. If man addre	nagement is to be vested i ss(es) of at least one initi per(s), list the name(s) an	al manager. If manager	ment is to be vested in the
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5. If man addre memb	ss(es) of at least one initioner(s), list the name(s) an Name	al manager. If manager of address(es) of at leas	ment is to be vested in the st one initial member.  Address ASHTON, ID 83420
5. If man addre memb	ss(es) of at least one initioner(s), list the name(s) an Name	al manager. If manager of address(es) of at leas	ment is to be vested in the st one initial member.  Address ASHTON, ID 83420
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5. If man addre memb	ss(es) of at least one initioner(s), list the name(s) and Name /IN KERBS	PO BOX 249 A PO BOX 249 A	ment is to be vested in the st one initial member.  Address ASHTON, ID 83420
5. If man addre member member 5. TRA 5. TRA 5. Signate	Name  VIN KERBS  ACY KERBS  Active of at least one personure:	PO BOX 249 A PO BOX 249 A	ment is to be vested in the st one initial member.  Address ASHTON, ID 83420 ASHTON, ID 83420
5. If man addre member    DEV TRA  TRA  6. Signate   Typed	Name  VIN KERBS  ACY KERBS  Acture of at least one persoure:  Name: TRACY KERBS	PO BOX 249 A PO BOX 249 A	ment is to be vested in the st one initial member.  Address ASHTON, ID 83420 ASHTON, ID 83420  The state of t
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