

Capacity: \_

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2001 2011 21 P 1: 27

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. The name of the limited liability	company is:	A PARTE OF AND
GDB Enterprises II, LLC		·
. The street address of the initial	registered office is:	
1770 W. State St. #342, Boise		
and the name of the initial regist Gary D. Bates		ress is:
The mailing address for future co	Orrespondence is:	
1770 W. State St., #342, Bois		
Management of the limited liabili		
	, , , , , , , , , , , , , , , , , , , ,	
	) (please check the appropriat	e box)
If management is to be vested in address(es) of at least one initial	l Mahader. It management ic	to be weekend by a
If management is to be vested in address(es) of at least one initial member(s), list the name(s) and	l Mahader. It management ic	to be weekend by a
If management is to be vested in address(es) of at least one initial member(s), list the name(s) and	l Mahader. It management ic	to be vested in the itial member.
If management is to be vested in address(es) of at least one initial member(s), list the name(s) and	manager. If management is address(es) of at least one in	to be vested in the itial member.
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If management is to be vested in address(es) of at least one initial member(s), list the name(s) and Name  Gary D. Bates	manager. If management is address(es) of at least one in Same as above	to be vested in the nitial member.  Address
If management is to be vested in address(es) of at least one initial member(s), list the name(s) and Name  Gary D. Bates  Signature of at least one person page 1975.	manager. If management is address(es) of at least one in Same as above	to be vested in the nitial member.  Address
If management is to be vested in address(es) of at least one initial member(s), list the name(s) and Name  Gary D. Bates  Signature of at least one person and Signature:	manager. If management is address(es) of at least one in Same as above	to be vested in the nitial member.  Address
If management is to be vested in address(es) of at least one initial member(s), list the name(s) and Name  Gary D. Bates  Signature of at least one person page 1975.	manager. If management is address(es) of at least one in Same as above	to be vested in the nitial member.  Address  nited liability company: Secretary of State use only
If management is to be vested in address(es) of at least one initial member(s), list the name(s) and Name  Gary D. Bates  Signature of at least one person resignature:  Gary D. Bates  Capacity: President	manager. If management is address(es) of at least one in Same as above	to be vested in the itial member.  Address  nited liability company:
If management is to be vested in address(es) of at least one initial member(s), list the name(s) and Name  Gary D. Bates  Signature of at least one person and Signature:	Same as above  esponsible for forming the lin	to be vested in the nitial member.  Address  nited liability company: Secretary of State use only

IDAHO SECRETARY OF STATE

06/21/2004 05:00

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