



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY FILED/EFFECTIVE

(Instructions on back of application)

00 APR -6 AM 10:30

1. The name of the limited liability company is: HEUSTON-~~COVELLI~~ OF STATE  
STATE OF IDAHO
2. The address of the initial registered office is: 4004 Shoreline Drive, Post Falls, ID  
83814 and the name of the initial registered agent at that address is: RHONDA L. COVELLI
- Signature of registered agent: Rhonda L. Covelli

3. Is management of the limited liability company vested in a manager or managers?  
☒ Yes ☐ No (check appropriate box)
4. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one initial member.

Name:

Address:

RHONDA L. COVELLI

4004 Shoreline Drive, Post Falls, ID 83814

5. Signature of at least one person listed in #4 above:

Rhonda L. Covelli  
Rhonda L. Covelli

Secretary of State use only  
IDAHO SECRETARY OF STATE

04/06/2000 09:00  
CK: 9669 CT: 129437 BH: 306494

1 @ 100.00 = 100.00 ORGAN LLC # 2

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