

FILED EFFECTIVE



**ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2005 APR 15 AM 9:41

STATE OF IDAHO

1. The name of the limited liability company is:

SM, LLC

2. The street address of the initial registered office is:

621 North College, Suite 100, Twin Falls, Idaho 83301

and the name of the initial registered agent at the above address is:

Gerald Martens

3. The mailing address for future correspondence is:

621 North College, Suite 100, Twin Falls, Idaho 83301

4. Management of the limited liability company 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

Gerald Martens

621 North College, Suite 100, Twin Falls, Idaho

6. Signature of at least one person responsible for forming the limited liability company:

Signature: _____

Typed Name: Gerald Martens

Capacity: Manager

Signature

Typed Name:

Capacity:

Secretary of State use only

2. corpForms LLC forms start so for organization. p65
Revised 07/2002

IDAHO SECRETARY OF STATE
04/15/2005 05:00
CK: 11134 CT: 80742 RH: 804852
1 @ 100.00 = 100.00 ORGAN LLC # 2

W 38629