

ARTICLES OF ORGANIZATION DEPTECTIVE LIMITED LIABILITY COMPANY JAN 30 AM 8: 42

(Instructions on back of application)

STATE OF IDAHO

1.	The name of the limited liability company	/ is:	Fla	shbacks, LLC	
2.	The address of the initial registered office 150 Martinsburg Ln; Idaho Falls, ID agent at that address is: Rachel	<u>8340</u>	and the na		
3.	The mailing address for future corresponde			n; Idaho Falls, ID 83404	
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 members, list the name(s) and address(es) of at least one initial member.				
	<u>Name</u>		<u>Address</u>		
R	Name achelle Peterson		 	Ln; Idaho Falls, ID 83404	
R		_	 	Ln; Idaho Falls, ID 83404	
R		_ _ _	 	Ln; Idaho Falls, ID 83404	
R		 	 	Ln; Idaho Falls, ID 83404	
R			 	Ln; Idaho Falls, ID 83404	
			150 Martinsburg		
	Signature of at least one person responsib	- - - - le for	forming the limited limited limited		
	Signature of at least one person responsib	- - - le for	150 Martinsburg	iability company:	