

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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. T	he name of the limited liability compa	iny is:				r (1
,	White Star Partners, LLC		······································	JEUNE 874	TE OF	IDAHO
	he street address of the initial register					
•						<u> </u>
	and the name of the initial registered a	gent at the t	above ad	aress is:		
	James L. Stephens					
3. T	he mailing address for future correspondent					
	11245 North Eastshore Dr., Hayden	Lake, ID 8	3835-750	25		
4. N	Management of the limited liability con	npany will b	e vested i	in:		
٨	Manager(s) ar Member(s)	(please cher	at the approp	riate box)		* :
5 P	f management is to be vested in one c address(es) of at least one initial mana	or more mar ager. If man	iager(s), adement	is to be ve	sted in t	he
e	member(s), list the name(s) and addre	ess(es) of a	least one	e initial mer Address	nber.	
e	member(s), list the name(s) and addre	ess(es) of a	least one	e initial mer Address	nber.	
e	member(s), list the name(s) and address Name James L. Stephens	11245 No	least one	Address hore Dr.	nber.	
e	member(s), list the name(s) and address Name James L. Stephens	ess(es) of a	least one	Address hore Dr.	nber.	
e	member(s), list the name(s) and address Name James L. Stephens	11245 No	least one	Address hore Dr.	nber.	
e	member(s), list the name(s) and address Name James L. Stephens	11245 No	least one	Address hore Dr.	nber.	
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e	member(s), list the name(s) and address Name James L. Stephens	11245 No	least one	Address hore Dr.	nber.	
E	Name James L. Stephens Signature of atleast one person response	11245 Nor Hayden Li	th Easts	Address hore Dr. 3835-7505	nber.	
6.	Name James L. Stephens Signature of atleast one person response	11245 Nor Hayden Li	th Easts ake, ID 8	Address hore Dr. 3835-7505	nber.	ompany.
6. S	Name James L. Stephens Signature of at least one person response person resp	11245 Nor Hayden Li	th Easts	Address hore Dr. 3835-7505	ability co	ompany.
6. S	Name James L. Stephens Signature of atleast one person response	11245 Nor Hayden Li	th Easts ake, ID 8	Address hore Dr. 3835-7505	ability co	ompany.
6. 6.	Name James L. Stephens Signature of at least one person responsionature: Signature: Supped Name: Susan R. Wilson Capacity: Legal Representative	11245 North	th Easts ake, ID 8	Address hore Dr. 3835-7505	ability co	ompany.
6. S	Name James L. Stephens Signature of at least one person response person resp	11245 Nor Hayden Li	th Easts ake, ID 8	Address hore Dr. 3835-7505	ability co	ompany.

CK: 183782 CT: 172899 BH: 1118487 1 8 188.88 = 188.88 ORGAN LLC # 2 1 8 28.88 = 28.88 EXPEDITE C # 3