	RTICLES OF ORG MITED LIABILITY (Instructions on back of	COMPANY	-
1. The name of Brighten L	f the limited liability compa LC	ny is:	SECRETARY OF STATE STATE OF IDAHO
2. The street a	ddress of the initial register	ed office is:	
332 5	outer Colden Eag	12 Eagle II	D 83616
and the nan Chester Ki	ne of the initial registered ag notts	gent at the above a	address is:
3. The mailing	address for future correspo	indence is:	
P.O. Box 1	665 Eagle, ID 83616	+ · · · · · · · · · · · · · · · · · · ·	
4. The limited	iability company will be:		
Manager-ma	anaged 🔽 or Member-ma	nd address(es) of	ease check the appropriate box) at least one initial manager. at least one initial member.
Manager-ma 5. If manager-i If member-n	anaged 🔽 or Member-ma managed, list the name(s) a nanaged, list the name(s) ar <u>Name</u>	nd address(es) of	at least one initial manager.
Manager-ma 5. If manager-i If member-n <u>Chester Kr</u>	anaged 🔽 or Member-ma managed, list the name(s) a nanaged, list the name(s) ar <u>Name</u> notts	nd address(es) of address(es) of	at least one initial manager. at least one initial member. <u>Address</u>
Manager-ma 5. If manager-i If member-n	anaged 🔽 or Member-ma managed, list the name(s) a nanaged, list the name(s) ar <u>Name</u> notts	nd address(es) of address(es) of	at least one initial manager. at least one initial member.
Manager-ma 5. If manager-i If member-n <u>Chester Kr</u>	anaged 🔽 or Member-ma managed, list the name(s) a nanaged, list the name(s) ar <u>Name</u> notts	nd address(es) of address(es) of	at least one initial manager. at least one initial member. <u>Address</u>
Manager-ma 5. If manager-i If member-n <u>Chester Kr</u>	anaged 🔽 or Member-ma managed, list the name(s) a nanaged, list the name(s) ar <u>Name</u> notts	nd address(es) of address(es) of	at least one initial manager. at least one initial member. <u>Address</u>
Manager-ma 5. If manager-in If member-in <u>Chester Kr</u> <u>Kari K Kno</u> 6. Signature of	anaged 🔽 or Member-ma managed, list the name(s) a nanaged, list the name(s) ar <u>Name</u> notts	and address(es) of ad address(es) of 32 S Golden Eagle	at least one initial manager. at least one initial member. Address e, Eagle, ID 83616
Manager-ma 5. If manager-in If member-in <u>Chester Kr</u> <u>Kari K Kno</u> 6. Signature of Signature	anaged 🔽 or Member-ma managed, list the name(s) a hanaged, list the name(s) ar Name hotts its 33 at least one person response how how how	and address(es) of ad address(es) of 32 S Golden Eagle	at least one initial manager. at least one initial member. Address e, Eagle, ID 83616
Manager-ma 5. If manager-in If member-in <u>Chester Kr</u> Kari K Kno 6. Signature of Signature Typed Name: Capacity: Ow	anaged 🔽 or Member-ma managed, list the name(s) a hanaged, list the name(s) ar Name hotts its 33 at least one person respons Chester Knotts	and address(es) of ad address(es) of 32 S Golden Eagle	at least one initial manager. at least one initial member. Address e, Eagle, ID 83616 he limited liability company:
Manager-ma 5. If manager-in If member-in <u>Chester Kr</u> <u>Kari K Kno</u> 6. Signature of Signature Typed Name:	anaged 🔽 or Member-ma managed, list the name(s) a hanaged, list the name(s) ar Name notts tts 33 at least one person respons Chester Knotts ner	and address(es) of ad address(es) of 32 S Golden Eagle	at least one initial manager. at least one initial member. Address a, Eagle, ID 83616 be limited liability company: Secretary of State use only