

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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T T	(instructions on back t	or application)
1.	The name of the limited liability compa	any is: SECRET OF STATE STATE OF IDAHO
2.	The street address of the initial registe 1059 E. Iron Eagle Drive, Eagle, ID	
	and the name of the initial registered a	agent at the above address is:
3.	The mailing address for future correspondence is: 1059 E. Iron Eagle Drive, Eagle, ID 83616	
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
	Kerry Angelos	1059 E. Iron Eagle Drive, Eagle, Idaho 83616
	Jacqueline Angelos	1059 E. Iron Eagle Drive, Eagle, Idaho 83616
6. Signature of at least one person responsible for forming the limited liability company:		
	Signature: Kerry Angelos Capacity: Member	Secretary of State use only
	SignatureTyped Name:	Nised (
	Capacity:	IDAHO SECRETARY OF STATE 94/28/2006 05:01 CK: 23147 CT: 24978 BH: 95205

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