

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANIY SEP 19 AT 9: 05

I SEP 19 All 9: 05

(Instructions on back of application)

1.	The name of the limited liability com	pany is: STATE OF FOMO
	Palmer Enterprise LLC	
2.	The street address of the initial regis	etered office is:
	-	
	13071 Norwood Rd. Donnelly Idah	10 836 15
	and the name of the initial registered	l agent at the above address is:
	Susan K. Palmer	
3.	The mailing address for future corres	spondence is:
	P.O. Box 1428 McCall Idaho 83638	
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4.	Management of the limited liability co	ompany 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	A .4.4
	· · · · · · · ·	Address
	,	
	Susan Palmer	P.O. Box 1428 McCall Idaho 83615
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6.	Susan Palmer	
9	Signature of at least one person responses	P.O. Box 1428 McCall Idaho 83615  onsible for forming the limited liability company:
3	Signature of at least one person response of the state of	P.O. Box 1428 McCall Idaho 83615  onsible for forming the limited liability company:
3	Signature of at least one person responses	P.O. Box 1428 McCall Idaho 83615  onsible for forming the limited liability company:
; (	Signature of at least one person respondence:  Signature:  Signature:  Signature:  Signature:  Susan K. Palmer  Capacity:  Manager	P.O. Box 1428 McCall Idaho 83615  onsible for forming the limited liability company:
3	Signature of at least one person response of the state of	P.O. Box 1428 McCall Idaho 83615  onsible for forming the limited liability company:  Secretary of State use only  IDAHO SECRETARY OF STATE  99/19/2805 05:06

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