

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

- 1 MIG 27 PM 3: 36

STATE OF IDAHO

1.	The name of the limited liability com	npany is:
	Artisan Opt	
2.	The street address of the initial regis	
	7979 W Rifleman St.	3015e, ID 83704
	and the name of the initial registered	d agent at the above address is:
3.	The mailing address for future corres	spondence is:
	7979 W Rifleman St	Bose, ID 83704
4.	Management of the limited liability co	ompany will be vested in:
	Manager(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) or 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.	
	member(s), list the name(s) and add	ress(es) of at least one initial member.
	Name	ress(es) of at least one initial member. Address
	Name	Address
	Name	
	Name	Address
3 .	Name Jattray C Johnson	Address
(Name Jaffrey C Johnson Signature of at least one person resp	Address 7979 W Riffaman St. Boise, ID 83709
3	Signature of at least one person respondence:	Address 7979 W Riffaman St. Boise, ID 83709
•	Name Jaffrey C Johnson Signature of at least one person resp	Address 7979 W Riffaman St. Boise, ID 83709
3	Signature of at least one person respondence: Signature: Signature: Signature: Signature Signature	Address 7979 W Riffaman St. Boise, ID 83709
3 3	Signature of at least one person respondence: Signature: Signatu	Address 7979 W Rithaman St. Boise, ID 83709 Donsible for forming the limited liability company: Secretary of State use only W25709 IDAHO SECRETARY OF STATE 88/27/2903 95:6