



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED
93 AUG 20 1999
STATE OF IDAHO

1. The name of the limited liability company is: AMP, L.L.C.
2. The address of the initial registered office is: 409 East 12th Street, Post Falls ID 83854
(not a PO Box)
- _____ and the name of the initial registered agent at that address is: H. Hugh Flint
- Signature of registered agent: H. Hugh Flint

3. Is management of the limited liability company vested in a manager or managers?
☐ Yes ☒ No (check appropriate box)

4. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one initial member.

Name:

Address:

H. Hugh Flint

409 East 12th, Post Falls ID 83854

5. Signature of at least one person listed in #4 above:

H. Hugh Flint

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08/09/1999 09:00
CK: 301 CT: 119017 IN: 240535

1 @ 100.00 = 100.00 ORGON LLC # 2

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