

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

	(Instr	uctions on back of application)	
1.	The name of the limit	ed lability company is:	S AIR O DAHO
	Double D Ve	entures LLC	1-0 d 10
2.	The street address of	the initial registered office is:	
	1424 Hwy 25	Jerome, ID 83338	
	and the name of the ir	nitial registered agent at the above	e address is:
	Dennis H Di	mond	
3.	The mailing address for	or future correspondence is:	
	PO Box 466	Jercme, ID 83338	
4.	Management of the lir	mited liability company will be ves	ted in:
	Manager(s) or Member(s) X (please check the appropriate box)		
	addrace(ec) of at leas		ant is to he vested in the
	` '	et one initial manager. If managem nme(s) and address(es) of at least	
	` '	nme(s) and address(es) of at least	
	member(s), list the na	nme(s) and address(es) of at least	t one initial member. Address
	member(s), list the na	nme(s) and address(es) of at least	t one initial member. Address
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	member(s), list the na	nme(s) and address(es) of at least	t one initial member. Address
6.	member(s), list the na Nam Dennis H Di	nme(s) and address(es) of at least me mond 1424 Hwy 2 one person responsible for forming	Address 25 Jerome, ID 83338
	member(s), list the na Nam Dennis H Di	nme(s) and address(es) of at least the me the last the la	Address 25 Jerome, ID 83338
	Signature of at least of Signature: Typed Name: Dennis H Di	nme(s) and address(es) of at least the me the last the la	Address 25 Jerome, ID 83338 g the limited liability company:
	Mam Dennis H Di Signature of at least of Signature:	nme(s) and address(es) of at least the me the last the la	Address 25 Jerome, ID 83338 g the limited liability company:
	Signature of at least of Signature: Typed Name:	nme(s) and address(es) of at least the me the last the la	Address 25 Jerome, ID 83338 g the limited liability company: Secretary of State use only
	Signature of at least of Signature: Typed Name: Capacity: Memb	nme(s) and address(es) of at least the me the last the la	Address 25 Jerome, ID 83338 g the limited liability company:
	Signature of at least of Signature: Typed Name: Typed Name: Typed Name: Typed Name:	one person responsible for forming This H Dimond Dim	g the limited liability company: Secretary of State use only

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