

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2004	HO:	30	17.	<u></u> :	54
2001	1101	U :J	1.7	100	200

1. The name of the limited liability CHILDERS CUSTOM CUTS	
2. The street address of the initial	registered office is:
2028 ALDER AVE	
and the name of the initial regis	stered agent at the above address is:
LEWISTION, ID 83501 T	RAVIS CHILDERS
3. The mailing address for future o	correspondence is:
2028 ALDER AVE, LEWISTO	
Management of the limited liabi	lity company will be vested in:
Manager(s) or Member(s	, —
Manager(s) Universible(s	(please check the appropriate box)
address(es) of at least one initia	n one or more manager(s), list the name(s) and all manager. If management is to be vested in the diaddress(es) of at least one initial member.
Name	Address
TRAVIS CHILDERS	2028 ALDER AVE, LEWISTON, ID 83501
SANDRA CHILDERS	2028 ALDER AVE, LEWISTON, ID 83501
. Signature of at least one person	responsible for forming the limited liability company:
Signature: JANB 11-17	25
Typed Name: TRAVIS CHILDER	S §
Capacity: OWNER/OPERATOR	Secretary of State use only Secr
Signature	IDANO SECRETARY OF STATE
Signature	11/36/2004 05 = 6 CK: 1224 CT: 177725 BH: 778
Capacity:	1 9 199.99 = 199.99 ORGAN LLC

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