

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the limited liability comp	-, 410
2.	The street address of the initial regis	
	and the name of the initial registered  MAURINE GRAVES	agent at the above address is:
3.	The mailing address for future corres	•
4.	Management of the limited liability company 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	Address
	MAURINE GRAVES	3515 W 100 S WESTON, ID 83286
	JANALYN MAW	505 E 420 S SMITHFIELD, UT 84335
**		
	$\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$	onsible for forming the limited liability company:
	Signature: What Shou	Secretary of State use only
	Typed Name: MAURINE GRAVES	T VO
(	Capacity: MEMBER	BEDOOR
ç	Signature	TRAIR OPPORTANT OF
	yped Name:	IDAHO SECRETARY OF STAT  OB/07/2006 05:  CK: 108 CT: 203157 BH: 96  1 0 100.00 = 100.00 Organ
	Capacity:	1 0 100.00 = 100.00 ORGAN

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