

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

	U LIADILITY CONP	8:23
(Instri	uctions on back of application	OS APK -4 HIT O CTATE
1. The name of the lim	nited liability company is:	SECRETARY OF STATE STATE OF IDAHO
Blue Frog Volleybal	ll Club, LLC	JIMIL
2. The street address o	of the initial registered office is	:
344 N 15th Ave #8F	F, Pocatello ID 83201	
and the name of the	initial registered agent at the	above address is:
Nicole E. Havens		
3. The mailing address	for future correspondence is:	
344 N 15th Ave #8F	Pocatello ID 83201	
4. The limited liability co	ompany will be:	
	✓ or Member-managed	(please check the appropriate box)
5. If manager-managed	, list the name(s) and address list the name(s) and address	(es) of at least one initial manager. (es) of at least one initial member.
If manager-managed If member-managed,	list the name(s) and address	(es) of at least one initial member.
 If manager-managed If member-managed, Name 	list the name(s) and address	(es) of at least one initial member. Address
 If manager-managed If member-managed, Name 	list the name(s) and address	(es) of at least one initial member. Address
 If manager-managed If member-managed, Name 	list the name(s) and address	(es) of at least one initial member. Address
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 If manager-managed If member-managed, Name 	list the name(s) and address	(es) of at least one initial member. Address
5. If manager-managed If member-managed, Name Nicole E. Havens S. Signature of at least of	list the name(s) and address	(es) of at least one initial member. Address
5. If manager-managed If member-managed, Name Nicole E. Havens Signature of at least of Signature.	one person responsible for for	(es) of at least one initial member. Address ve #8F Pocatello ID 83201
5. If manager-managed If member-managed, Name Nicole E. Havens Signature of at least of the Signature: Typed Name: Nicole	one person responsible for for	(es) of at least one initial member. Address ve #8F Pocatello ID 83201 ming the limited liability company:
5. If manager-managed If member-managed, Name Nicole E. Havens Signature of at least of Signature: Typed Name: Nicole Mare	one person responsible for for	(es) of at least one initial member. Address ve #8F Pocatello ID 83201 ming the limited liability company:
5. If manager-managed If member-managed, Name Nicole E. Havens Signature of at least of the Signature: Typed Name: Nicole	one person responsible for for	(es) of at least one initial member. Address ve #8F Pocatello ID 83201 ming the limited liability company: Secretary of State use only