

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

		ORGANIZATION BILITY COMPANY	SIGNATURE SO
3.5	(Instructions or	n back of application)	Section Phile: 50
	ame of the limited liability E HOLDINGS, LLC	y company is:	STATE OF DAYS
	reet address of the initia	I registered office is: AHO FALLS, IDAHO 83406	
	e name of the initial regis	stered agent at the above addr	ess is:
	ailing address for future BEAST SUNNYSIDE ID	correspondence is: AHO FALLS, IDAHO 83406	
t. Mana	gement of the limited liab	oility company will be vested in:	
Mana	ger(s) 🚺 or Member(	(S) (please check the appropriat	e box)
. If man addre	agement is to be vested ss(es) of at least one init	(s) (please check the appropriation one or more manager(s), listial manager. If management is not address(es) of at least one in	t the name(s) and to be vested in the
i. If man addre memb	nagement is to be vested ss(es) of at least one init per(s), list the name(s) ar	in one or more manager(s), listial manager. If management is nd address(es) of at least one in	t the name(s) and to be vested in the nitial member. Address
5. If man addre memb	nagement is to be vested ss(es) of at least one init per(s), list the name(s) ar	in one or more manager(s), listial manager. If management is not address(es) of at least one in	t the name(s) and to be vested in the nitial member.  Address
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5. If man addre memb	nagement is to be vested ss(es) of at least one init per(s), list the name(s) are Name	in one or more manager(s), listial manager. If management is not address(es) of at least one in 6133 EAST SUNNYS  IDAHO FALLS, ID 83	t the name(s) and to be vested in the nitial member.  Address SIDE 3406
5. If man addre member REG	nagement is to be vested ss(es) of at least one init per(s), list the name(s) ar Name	in one or more manager(s), listial manager. If management is not address(es) of at least one in 6133 EAST SUNNYS  IDAHO FALLS, ID 83	t the name(s) and to be vested in the nitial member.  Address SIDE 3406
5. If man addre member member signat Typed Capace Signat	nagement is to be vested ss(es) of at least one init per(s), list the name(s) are Name  GGIE DUKE  ature of at least one personare:  REGGIE DUKE	in one or more manager(s), listial manager. If management is not address(es) of at least one in 6133 EAST SUNNYS  IDAHO FALLS, ID 83  on responsible for forming the I	t the name(s) and to be vested in the nitial member.  Address  SIDE  3406  imited liability company:

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