

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

1	(Instructions on back	k of application)
1.	The name of the limited liability cor	mpany is:
2	The street address of the initial regi	istered office is:
	3137 N IVORY DRIVE, IDAHO FALLS, ID 83401	
	The state of the s	
	and the name of the initial registere	d agent at the above address is:
	KARA L. KEARSLEY	
3.	The mailing address for future correspondence is:	
	3137 N IVORY DRIVE, IDAHO FA	LLS, ID 83401
4.	The limited liability company will be:	:
	Manager-managed 🗍 or Membe	er-managed (please check the appropriate box)
		(Access area appropriate sox)
	If manager-managed, list the name(s) and address(es) of at least one initial manager. If member-managed, list the name(s) and address(es) of at least one initial member.	
	<u>Name</u>	Address
	KARA L. KEARSLEY	3137 N IVORY DRIVE, IDAHO FALLS, ID 834
6. 3	Signature of at least one person res	ponsible for forming the limited liability company:
S	ignature: Kwa I LlashW	
	yped Name: KARA L. KEARSLEY	Secretary of State use only
	apacity: MEMBER	Secretary of State use only Comparison of Community Community
		M 101 (C)
	ignature	IDAHO SECRETARY OF STATE 91/67/2008 05:00
	yped Name:	CK: 1051 CT: 221159 BH: 1093093 1 8 100.00 = 100.00 ORGAN LLC #
C	apacity:	Q ₂