

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

08 JUN 16 AM 9: 17

<u> </u>	(instructions on bac	k of applicati	Utij	250	プレングハ こ した は
1.	The name of the limited liability co	ompany is:		S	TATE OF IDA
	Deann Billing, LLC				
2. ·	The street address of the initial reg	gistered office	e is:		
	616 E. 8th St., Moscow, ID 8384	3		·	
ŧ	and the name of the initial registere	ed agent at th	ne above	address is:	
	Kathryn Deann Billing				
3. ⁻	The mailing address for future corr	respondence	is:	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	616 E. 8th St., Moscow, ID 8384	3			
4 . '	The limited liability company will be	e:		:	·
ļ	Manager-managed 🚺 or Memb	er-managed		please check the ap	propriate box)
5	If manager-managed, list the name	e/e) and add	- - - - - - - - - - - - - - - - - - -	of at least one	initial manage
5 . !	it manager-managed, list the name	e(s) and addi	ess(es)	Ji al least one	: Illiuai illallaye
	If member-managed, list the name	e(s) and addre	ess(es) o	r at least one	initial member
	If member-managed, list the name Name	e(s) and addre	ess(es) c	Address	initial member
	If member-managed, list the name Name			Address	
	If member-managed, list the name				
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	If member-managed, list the name Name			Address	
	If member-managed, list the name Name	616 E. 8tl	h St., Mo	Address scow, ID 838	343
6.	Mame Kathryn Deann Billing Signature of at least one person re	616 E. 8tl	h St., Mo	Address scow, ID 838	343
6.	Name Kathryn Deann Billing Signature of at least one person resignature:	esponsible fo	r forming	Address scow, ID 838	343
6. S	Signature: Kathryn Deann Billing Signature: Kathryn Deann Billing Kathryn Deann Billing	esponsible fo	h St., Mo	Address scow, ID 838	ability company
6. S	Name Kathryn Deann Billing Signature of at least one person recognition of the state of the st	esponsible fo	r forming	Address scow, ID 838	ability company
6. S T C	Signature: Kathryn Deann Billing Signature: Kathryn Deann Billing Signature: Kathryn Deann Billing Capacity: Munger Signature	esponsible fo	r forming	Address Scow, ID 838	ability company State use only
6. S T C	Kathryn Deann Billing Signature of at least one person recognitive: Kathryn Deann Billing Signature: Kathryn Deann Billing Munager	esponsible fo	r forming	Address scow, ID 838 the limited lia	ability company State use only