

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

MLED EFFE

12087345653

10.	(instructions on back of a	ppiicauon)	I.J.	3EF -5	PM 3: 4
1.	The name of the limited liability company	/ is:		CRETARY STATE OF	
2 .	The street address of the initial registered office is: 233 Second Street North, Twin Falls ID 83301				
	and the name of the initial registered age Douglas Vollmer				
3.	The mailing address for future correspondence is: Post Office Box 566, Twin Falls ID 83303-0566				
4.	Management of the limited liability comp Manager(s) or Member(s) X				
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) or 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)	
	Douglas Volimer	Post Office	Box 566,	Twin Falls	<u>i ID</u> 83303
		Post Office	Box 566.	Twin Fall:	<u>s_1D</u> 8330
f	. Signature of at least one person respon	nsible for forming t	he limited li	ability compa	any:
	Signature:	acr 8		y of State use on	
		i £			

VIA FAX: 208 334-2080

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Please call for the Visa Account Number for payment at 208 734-5650.

Thanks.

DeAnna

IDANO SECRETARY OF STATE

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CK: 9534572596AJO CT: 172099 BH: 700247
1 8 100.00 = 100.00 ORGAN LLC # 2

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