

Capacity: \_

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

4		any ie:		SECRETARY OF STATE
1.	The name of the limited liability compa			STATE OF IDAHO
	ARROWHEAD HOME CABINETRY	, LLU.		
2.	The street address of the initial registered office is:			
	1403 WILLIAMS LANE NAMPA, ID 83686			
	and the name of the initial registered a	gent at the	above addr	ess is:
	MELISSA D. MARTINEZ			
3	The mailing address for future corresp	ondence is	s:	
٠.	1403 WILLIAMS LANE NAMPA, ID			
			no voctod in:	
4.	Management of the limited liability company will be vested in:			
	Manager(s) ✓ or Member(s) ☐ (please check the appropriate box)			
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) of 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.			
				Address
	Name	•		Address
	V	1403 WIL	LIAMS LAN	
	MELISSA D. MARTINEZ	1403 WIL	LIAMS LAN	E NAMPA, ID 83686
	V	1403 WIL	LIAMS LAN	
	V	1403 WIL	LIAMS LAN	
	V	1403 WIL	LIAMS LAN	
	V	1403 WIL	LIAMS LAN	
	V	1403 WIL	LIAMS LAN	
6	MELISSA D. MARTINEZ			E NAMPA, ID 83686
6.	MELISSA D. MARTINEZ  Signature of at least one person response.			E NAMPA, ID 83686
6.	Signature of at least one person responsionature:	onsible for	forming the li	E NAMPA, ID 83686
6.	Signature of at least one person responsion to the state of the state	onsible for	forming the li	E NAMPA, ID 83686
6.	Signature of at least one person responsionature:	onsible for	forming the li	E NAMPA, ID 83686  mited liability company:  Secretary of State use only
6.	Signature of at least one person responsion to the state of the state	onsible for		E NAMPA, ID 83686

W56593