

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 MAR 24 AM 9: 28 SECRETARY OF STATE STATE OF IDAHO

W 72645

and the name of the initial registered agent at the above address is:  Scott Kane  The mailing address for future correspondence is:  13868 W. Dominion Ct., Boise, Id 83713  The limited liability company will be:  Manager-managed □ or Member-managed ✓ (please check the appropriate box)	The street address of the initial re	egistered office is:
The mailing address for future correspondence is:  13868 W. Dominion Ct., Boise, Id 83713  The limited liability company will be:  Manager-managed or Member-managed (please check the appropriate box)  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.  Name  Address  Scott Kane  13868 W. Dominion Ct., Boise, Id 83713		
The mailing address for future correspondence is:  13868 W. Dominion Ct., Boise, Id 83713  The limited liability company will be:  Manager-managed ☐ or Member-managed ✓ (please check the appropriate box)  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.  Name  Address  Scott Kane  13868 W. Dominion Ct., Boise, Id 83713	and the name of the initial registe	ered agent at the above address is:
13868 W. Dominion Ct., Boise, Id 83713  The limited liability company will be:  Manager-managed ☐ or Member-managed ✓ (please check the appropriate box)  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.  Name  Address  Scott Kane  13868 W. Dominion Ct., Boise, Id 83713	Scott Kane	
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If member-managed, list the name(s) and address(es) of at least one initial member.  Name  Address  Scott Kane  13868 W. Dominion Ct., Boise, Id 83713		and the contract of the contra
Scott Kane 13868 W. Dominion Ct., Boise, Id 83713	5. If manager-managed, list the na If member-managed, list the nar	me(s) and address(es) of at least one initial manager. me(s) and address(es) of at least one initial member.
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Document Date of the Date of the 22742	Soott Kana	13868 W. Dominion Ct., Boise, Id 83713
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	Kimali Kane	13806 W. Dollmort G., 20130, 12 307 13
	Kimali Kane	13806 W. Dollmant G., Boise, id Service
	Kimali Kane	13000 W. DOMINION CC., Bolso, IC So. 10
		n responsible for forming the limited liability company:
Signature: Secretary of State use only	6. Signature of at least one person	n responsible for forming the limited liability company:
Signature: Scott Kane Scott Kane Secretary of State use only	6. Signature of at least one person Signature: Typed Name: Scott Kane	n responsible for forming the limited liability company:
Signature: Secretary of State use only	6. Signature of at least one person Signature: Typed Name: Scott Kane	n responsible for forming the limited liability company:
Signature:  Signat	6. Signature of at least one person Signature: Typed Name: Scott Kane Capacity: Owner	n responsible for forming the limited liability company:  Secretary of State use only
Signature:  Typed Name: Scott Kane  Capacity: Owner  Signature Kimali Kane  Typed Name: Kimali Kane  Secretary of State use only  Signature Sig	6. Signature of at least one person Signature: Typed Name: Scott Kane Capacity: Owner Signature	n responsible for forming the limited liability company:  Secretary of State use only