

ARTICLES OF ORGANIZATION FILED EFFECTIVE

(Instructions on back of application)

1.	The name of the limited liability compa	any is:
	Lyons Pride, LLC	
2.	The street address of the initial registered office is:	
	903 Ann Street, McCall, Idaho 8363	38
	and the name of the initial registered a	agent at the above address is:
	Robert P. Lyons	
3.	The mailing address for future correspondence is:	
	P.O. Box 1774, McCall, Idaho 8363	8
4.	anagement of the limited liability company will be vested in:	
	Manager(s) ✓ or Member(s) (please check the appropriate box)	
5.	i. 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.	
	Name	Address
	Robert P. Lyons	P.O. Box 1774, McCall, Idaho 83638
		-
6.	Signature of at least one person responsible for forming the limited liability company:	
	Signature:	Secretary of State use only
	Typed Name: Robert P. Lyons/	- luggezi
	Capacity: Manager	
	Signature	IDAHO SECRETARY OF STATE 200
	Typed Name:	IDAHO SECRETARY OF STATE
	Canacity:	jo 2.

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