

Capacity: (C) -

## **ARTICLES OF ORGANIZATION** LIMITED LIABILITY COMPANY

TIL OCT -6 PH 1:21 (Instructions on back of application) SECRETARY OF STATE STATE OF IDAHO 1. The name of the limited liability company is: 2. The street address of the initial registered office is: SPEENHELD DE and the name of the initial registered agent at the above address is: 3. The mailing address for future correspondence is: 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. Name Address DODAND 1312 N. GREENHEAD TR 6. Signature of at least one person responsible for forming the limited liability company: Signature: 🛂 Secretary of State use only Typed Name: kla Capacity: Typed Name: LES

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