

ARTICLES OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY DEC 16 AM 9: 27

(Instructions on back of application)

S. S. S.	(instructions on back	SECRETARY OF STATE
1.	The name of the limited liability com	
2.	The street address of the initial registered office is: 466 COVE RD GRANGEVILLE, IDAHO 83530	
	and the name of the initial registered CHRIS NEWSON	d agent at the above address is:
3.	The mailing address for future correspondence is: 466 COVE RD GRANGEVILLE, IDAHO 83530	
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 CHRIS NEWSON	Address 466 COVE RD GRANGEVILLE, IDAHO 83530
	Signature of at least one person resp	consible for forming the limited liability company:
	· · · · · · · · · · · · · · · · · · ·	
	Signature:	Secretary of State use only Column Column