

FILED EFFECTIVE ARTICLES OF ORGANIZATION AUG IS AM 8: 13

	(Instructions on back	kofapplication) STATE OF STATE
1.	The name of the limited liability com	k of application) STATE OF OF STATE npany is:
	Covered Bridge LLC	
	The street address of the initial regis	stered office is:
	5156 East Heise Road, Ririe, Idah	no 83443
	and the name of the initial registered	d agent at the above address is:
	George E. Newby	
	The mailing address for future corres	spondence is:
	5156 East Heise Road, Ririe, Idah	no 83443
. 1	Management of the limited liability co	ompany will be vested in:
I	Manager(s) 🗸 or Member(s) 🗌	(please check the appropriate box)
í	address(es) of at least one initial mar member(s), list the name(s) and add	e or more manager(s), list the name(s) and inager. If management is to be vested in the dress(es) of at least one initial member.
	Name	Address
	George E. Newby	5156 East Heise Road, Ririe, Idaho 83443
	Tennessee S. Newby	5156 East Heise Road, Ririe, Idaho 83443
j. \$	Signature of at least one person resp	consible for forming the limited liability company:
S	ignature: Lennun & News	Socialization of State was asky
	yped Name: Tennessee S. Newby	Secretary or State use only
С	apacity: Manager	
S	ignature	IDAHO SECRETARY OF STATE 98
T	yped Name:	CK: 4168 CT: 22233 BH: 10786
C	apacity:	TA TEST A TRESAN ORGAN (TTC

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