

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

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SECRETARY OF STATE

| Signature: Typed Name: ROB CRONIN Capacity: MANAGER Signature Typed Name: Capacity: Typed Name: Typed Name: Typed Name: Typed Name: Typed Name: Typed Name: Capacity: Typed Name: Typed Name: Capacity: Typed Name: Typed Name: Capacity: Typed Name: Capacity: Typed Name: Typed Name: Capacity: Typed Name: | | (Instructions on back | of application) STATE OF IDAHO | |
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| and the name of the initial registered agent at the above address is: ROB CRONIN 3. The mailing address for future correspondence is: P.O. BOX 3480, SUN VALLEY, ID 83353 4. The limited liability company will be: Manager-managed or Member-managed please check the appropriate box) 5. 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 ROB CRONIN | 1. | • | mpany is: | |
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