

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)



1. The name of the limited liability company is: GARWYNNE, L.L.C.
2. The address of the initial registered office is: HCR 61, BOX 215AB
(not a PO Box)
BONNERS FERRY, ID 83805 and the name of the initial registered agent at that address is: GARY NEUMEYER
- Signature of registered agent: _____

3. Is management of the limited liability company vested in a manager or managers?
☒ Yes ☐ No (check appropriate box)

4. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one initial member.

Name:

GARY NEUMEYER

Address:

HCR 61, BOX 215AB

BONNERS FERRY, ID 83805

5. Signature of at least one person listed in #5 above:

[Signature]

Secretary of State use only
IDAHU SECRETARY OF STATE

03/25/1998 09:00
CX: 2043 CI: 70359 BH: 94275

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