

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

	- (matructions on par	
1.	The name of the limited liability cor	mpany is:
		IDAHO LIMITED LIABILITY COMPANY
2.	The street address of the initial regi	
	195 South Broadway, P.O. Box 5	
	and the name of the initial registere Shauna Romrell	
3.	The mailing address for future corre P.O. Box 580, Blackfoot, ID 8322	
4.		
**	Management of the limited liability of Manager(s) or Member(s)	~~
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.	
	addicas(es) of at least one initial Ma	Dager It management is to be used at the ter-
	addicas(es) of at least one initial Ma	Dager It management is to be used at the ter-
	member(s), list the name(s) and add	nager. If management is to be vested in the lress(es) of at least one initial member.
	member(s), list the name(s) and add Name Exchange Services, Inc.	nager. If management is to be vested in the lress(es) of at least one initial member. Address P.O. Box 580 Blackfoot ID 83221
6. S	member(s), list the name(s) and add Name Exchange Services, Inc.	nager. If management is to be vested in the lress(es) of at least one initial member. Address P.O. Box 580 Blackfoot ID 83221
6. S Sig	member(s), list the name(s) and add Name Exchange Services, Inc. Signature of at least one person response gnature: Sped Name: Shauna Romrell	nager. If management is to be vested in the lress(es) of at least one initial member. Address P.O. Box 580 Blackfoot ID 8322
6. S Sig	member(s), list the name(s) and add Name Exchange Services, Inc.	nager. If management is to be vested in the lress(es) of at least one initial member. Address P.O. Box 580 Blackfoot ID 8322
6. S Sig Ty Ca	member(s), list the name(s) and add Name Exchange Services, Inc. Signature of at least one person response gnature: Sped Name: Shauna Romrell	nager. If management is to be vested in the lress(es) of at least one initial member. Address P.O. Box 580 Blackfoot ID 8322
6. S Sig Ca Sig Ty	member(s), list the name(s) and add Name Exchange Services, Inc. Signature of at least one person response gnature: ped Name: Shauna Romrell apacity: President	nager. If management is to be vested in the lress(es) of at least one initial member. Address P.O. Box 580 Blackfoot ID 83221 Disible for forming the limited liability company: Secretary of State use only

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