

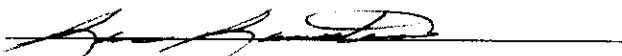
**ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

FILED/EFFECTIVE
JAN 22 PM 2:41
STATE OF IDAHO

1. The name of the limited liability company is: **L & B, L.L.C.**
2. The address of the initial registered office is: **3722 North 2544 East, Twin Falls, Idaho**
(not a P.O. Box)
and the name of the initial registered agent at that address is: **Loren Lancaster.**

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:

Address:

Loren Lancaster

**3722 North 2544 East
Twin Falls, Idaho 83301**

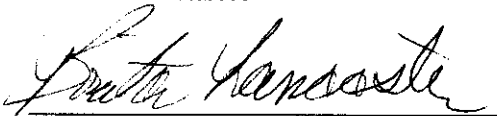
Bonita Lancaster

**3722 North 2544 East
Twin Falls, Idaho 83301**

5. Signature of at least one person listed in #4 above:



Loren Lancaster



Bonita Lancaster

IDAHO SECRETARY OF STATE

01/23/2001 09:00
CK: 24859 CT: 2053 BH: 374275

1 @ 100.00 = 100.00 ORGAN LLC # 2

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