

Capacity: Manager

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

07 JAN 16 PM 12: 56

	(Mondono of Basic	,,	SECRETARY OF STATE
1. The	name of the limited liability compa	any is:	STATE OF IDAHO
Arr	nie, LLC		
2. The	street address of the initial registe	ered office is:	
820	3 W. 4th Street, Kuna, Idaho 83	634	·
	the name of the initial registered a	gont at the above addi	oss is:
	•	agent at the above addi	00010.
My	rna Lowrance		
3. The	The mailing address for future correspondence is:		
820	6 W. 4th Street, Kuna, Idaho 836	634	
4. Man	agement of the limited liability cor	npany will be vested in:	
Man	ager(s) 🗸 or Member(s) 🔲	(please check the appropriat	e box)
TTICAL		The second of th	,
5. If management is to be vested in one or more manager(s), list the name(s) and			t the name(s) and
addı	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.		
men	nber(s), list the name(s) and addre	ess(es) of at least one i	nitial member.
	Name		Address
Myrna Lowrance		826 W. 4th Street, Kuna, Idaho 83634	
Ja	y Lowrance	826 W. 4th Street, Kuna, Idaho 83634	
•			
	nature of at least one person respo	onsible for forming the l	imited liability company:
	ature: Myyma Sour	ane	Secretary of State use only
		1 ₹	
	d Name: Myrna Lowrance	9527	,
	acity: Manager	oderganizalo	WG-8184
7.	acity: Manager	ekt. C formslartschoganization. p60	100-8184 100-8184 100-81818 101-16-2007 05:00