

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

OB MAY 22 PM 12: 4 E
SECRETARY OF STATE
STATE OF IDALIAN

	STATARY OF
1. The name of the limited liability con	mpany is: STATE OF ST
MM+6 Trust, 21	<u></u>
2. The street address of the initial reg	
	RD, SAGLE, 1D 83860
and the name of the initial registere	
E.N. FITZ BERAL	
3. The mailing address for future corre	
50 WEST MOND	RD SAGLE, 10 83860
. The limited liability company will be	
Manager-managed 🔀 or Membe	er-managed (please check the appropriate box)
. If manager-managed, list the name	(s) and address(es) of at least one initial manager.
	(s) and address(es) of at least one initial member.
Name	Address
SIL FITZGERALD	50 WESTHOND RD SAGLE IN
Keith Pen	50 WESTHOND RD, SAGLE, 1D PO BOX 606 83860
* CETOR ICIT	Cocolalla ID
	COCOILLIA IV
	03013
Signature of at least one person re	sponsible for forming the limited liability company:
10111	
Signature: This gua	Secretary of State use only
Typed Name: EN F1726	ZZZW
Capacity: <u>MANAGER</u>	- Tototota
Signature	Secretary of State use only Company Compa
Typed Name:	TX: 124294 CT: 226271 SH: 11167 1 0 100.00 = 100.00 ORGAN LLC 1 0 20.00 = 26.00 EXPEDITE C
Canacity	1 9 28 AR # 28 AR CHRD SIR I

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