

## **ARTICLES OF ORGANIZATION** LIMITED LIABILITY COMPANY

	ARTICLES OF ORGANIZATION
	LIMITED LIABILITY COMPANY
3010	ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY (Instructions on back of application)
he name o	of the limited liability company is: R. V. REFER LLC
The address	s of the initial registered office is:
PAY	TETTE ID 83661 and the name of the initial registered address is: FRED McLERAN
	address for future correspondence: SAME AS LINE 2
	nt of the limited liability company will be vested in:
if managem	or Member(s) X . (please check the appropriate box)  nent is to be vested in one or more manager(s), list the name(s) and address(es) of
If managem	or Member(s) . (please check the appropriate box)
if managem at lear ; one i addre. ₃(es)	or Member(s) (please check the appropriate box)  nent is to be vested in one or more manager(s), list the name(s) and address(es) of initial manager. If management is to be vested in the members, list the name(s) and of at least one initial member.
f managem et lear : one i addre : 3(es)	or Member(s) (please check the appropriate box)  nent is to be vested in one or more manager(s), list the name(s) and address(es) of initial manager. If management is to be vested in the members, list the name(s) and of at least one initial member.  Name  Address
If management lear; one addre. 3(es)	or Member(s) (please check the appropriate box)  nent is to be vested in one or more manager(s), list the name(s) and address(es) of initial manager. If management is to be vested in the members, list the name(s) and of at least one initial member.  Name  Address  ICLERAN  CLMORE ROAD
If management lear cone addre (es)  FRED M  7230 E	or Member(s) (piease check the appropriate box)  nent is to be vested in one or more manager(s), list the name(s) and address(es) of initial manager. If management is to be vested in the members, list the name(s) and of at least one initial member.  Name  Address  ICLERAN  CLMORE ROAD  AND ID 83619
If management lear cone addre (es)  FRED M  7230 E	or Member(s) (piease check the appropriate box)  nent is to be vested in one or more manager(s), list the name(s) and address(es) of initial manager. If management is to be vested in the members, list the name(s) and of at least one initial member.  Name  Address  ICLERAN  CLMORE ROAD  AND ID 83619
If management lear : one addre : (es)  FRED M  7230 F  FRUITL	or Member(s) (please check the appropriate box)  nent is to be vested in one or more manager(s), list the name(s) and address(es) of initial manager. If management is to be vested in the members, list the name(s) and of at least one initial member.  Name  Address  ICLERAN  CLMORE ROAD  AND ID 83619
If management lear one addresices)  FRED M  7230 F  FRUITL	or Member(s) (I) (please check the appropriate box)  ment is to be vested in one or more manager(s), list the name(s) and address(es) of initial manager. If management is to be vested in the members, list the name(s) and of at least one initial member.  Name  Address  ICLERAN  CLMORE ROAD  AND ID 83619
If managematicar one addresices)  FRED M  7230 F  FRUITL	or Member(s) (please check the appropriate box)  nent is to be vested in one or more manager(s), list the name(s) and address(es) of initial manager. If management is to be vested in the members, list the name(s) and of at least one initial member.  Name  Address  ICLERAN  CLMORE ROAD  AND ID 83619  Fat least one person responsible for forming the limited liability company.  M. Levan  Secretary of State use only
f management lear one addre (es)  FRED M  7230 E  FRUITI	or Member(s) (chiese check the appropriate box)  ment is to be vested in one or more manager(s), list the name(s) and address(es) of initial manager. If management is to be vested in the members, list the name(s) and of at least one initial member.  Name  Address  CLERAN  CLMORE ROAD  AND ID 83619  fat least one person responsible for forming the limited liability company:  Millean
If management lear one addresices)  FRED M  7230 F  FRUITL	or Member(s) (i) (piesse check the appropriate box)  ment is to be vested in one or more manager(s), list the name(s) and address(es) of initial manager. If management is to be vested in the members, list the name(s) and of at least one initial member.  Name  Address  Address  CLERAN  CLMORE ROAD  AND ID 83619  Fat least one person responsible for forming the limited liability company.  Secretary of State use only

W 10974