## **ARTICLES OF ORGANIZATION** LIMITED LIABILITY COMPANY JUN 13 AM 8: 45

FILED EFFECTIVE

(Instructions on back of application)

. The name of the limited liability co	mpany is: SECRETARY OF STATE STATE OF ID 40
The street address of the initial reg	gistered office is: VELL, ID 83605
and the name of the initial register	ed agent at the above address is:
The mailing address for future corr	
Management of the limited liability  Manager(s)	
address(es) of at least one initial n	ne or more manager(s), list the name(s) and nanager. If management is to be vested in the ddress(es) of at least one initial member.
Name	Address
TIM ELSBERRY	415 AUGUSTINA DR CALDWELL, ID 83605
Signature: Tim ELSBERRY Capacity: OWNER	esponsible for forming the limited liability company:  Secretary of State use only  Secretary of State use only  Thath Secretary of State
Signature: Tim ELSBERRY	Secretary of State use only  WS/WY  IDAHO SECRETARY OF STATE