



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2006 OCT 16 AM 9:18

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

A Master's Touch, LLC

2. The street address of the initial registered office is:

1159 Blaine Ave, Idaho Falls ID 83402

and the name of the initial registered agent at the above address is:

Carol Garcia

3. The mailing address for future correspondence is:

1159 Blaine Ave, Idaho Falls ID 83402

4. Management of the limited liability company will be vested in:

Manager(s)  or Member(s)  (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and 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.

Name	Address
<u>Anthony &amp; Carol Garcia</u>	<u>1159 Blaine Ave, Idaho Falls ID 83402</u>
<u> </u>	<u> </u>

6. Signature of at least one person responsible for forming the limited liability company:

Signature: *Anthony M. Garcia*

Typed Name: Anthony M. Garcia

Capacity: member

Signature: *Carol A. Garcia*

Typed Name: Carol A. Garcia

Capacity: Member

Secretary of State use only

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Revised 07/2002

Web Form

IDAHO SECRETARY OF STATE  
10/16/2006 05:00  
CK: 2349 CT: 205494 BH: 980454  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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