

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

FILED EFFECTIVE

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4	(Instructions on back	k of applicatio	in)	STATE OF IDAHO
1.	The name of the limited liability com	npany is:		DEALT OF WARD
	BHS Real Estate, LLC			
2.	The street address of the initial registered office is:			
	2785 Autumn Drive, Boise, ID 83706			
	and the name of the initial registered agent at the above address is:			
	Dean C. Sorensen			
3.	The mailing address for future correspondence is:			
	2785 Autumn Drive, Boise, ID 83706			
4.	Management of the limited liability company will be vested in:			
	Manager(s) or Member(s) [ (please check the appropriate box)			
	If management is to be vested in one address(es) of at least one initial mamember(s), list the name(s) and address(s) and address(s).	anager. If mar		
	address(es) of at least one initial ma member(s), list the name(s) and add	anager. If mar dress(es) of a	t least one in	itial member. Address
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	address(es) of at least one initial ma member(s), list the name(s) and add Name  Dean C. Sorensen	anager. If mar dress(es) of a	t least one in	itial member.  Address oise, ID 83706
6.	address(es) of at least one initial mamember(s), list the name(s) and add Name  Dean C. Sorensen  Signature of at least one person responses	anager. If mardress(es) of a	t least one in	itial member.  Address oise, ID 83706  mited liability company:
6.	address(es) of at least one initial mamember(s), list the name(s) and add Name  Dean C. Sorensen  Signature of at least one person responses	anager. If mardress(es) of a	t least one in	itial member.  Address oise, ID 83706
6. 8	address(es) of at least one initial mamember(s), list the name(s) and add Name  Dean C. Sorensen  Signature of at least one person responses	anager. If mardress(es) of a	t least one in	itial member.  Address oise, ID 83706  mited liability company:
6. S	Address(es) of at least one initial material materials, list the name(s) and additional materials.  Name  Dean C. Sorensen  Signature of at least one person response to the second materials.  Signature: Dean C. Sorensen  Capacity: Manager	2785 Autu	t least one in	nited liability company:
6. S	Address(es) of at least one initial material materials, list the name(s) and address (es), list the name(s) and address (	2785 Autu	t least one in	itial member.  Address oise, ID 83706  mited liability company:
6. 5 7 8	Address(es) of at least one initial material materials, list the name(s) and additional materials.  Name  Dean C. Sorensen  Signature of at least one person response to the second materials.  Signature: Dean C. Sorensen  Capacity: Manager	2785 Autu	t least one in	nited liability company:

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