

Capacity: manager

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

05 OCT -3 PM 1:5	05	OCT	-3	PM	1:	5	
------------------	----	-----	----	----	----	---	--

1.	The name of the limited liability composition Devin Hibberd custom masonary a	
2.		tered office is:
	and the name of the initial registered Devin Hibberd	agent at the above address is:
3.	The mailing address for future corres	
4.	Management of the limited liability co Manager(s) or Member(s)	mpany will be vested in: (please check the appropriate box)
5.	If management is to be vested in one address(es) of at least one initial man member(s), list the name(s) and addr	or more manager(s), list the name(s) and ager. If management is to be vested in the ess(es) of at least one initial member.
	Name	Address
	Stephanie Hibberd	1716 n. Hasbrook Caldwell ID 83607
	Devin Hibberd	1716 n. Hasbrook Caldwell ID 83607
		ensible for forming the limited liability company:
7	Signature of at least one person responsion of at least one person responsion of a signature: Signature: Devin Hibberd Capacity: manager	Secretary of State use only IDAHO SECRETARY OF STATE 10/03/2006 05:00 CK: 927852 CT: 172899 BH: 978393

CK: 927852 CT: 172099 BH: 978393 1 0 100.00 = 100.00 ORGAN LLC # 2

W 55013