



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
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SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

FINGERLAKES SERVICES, LLC

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

1288 E. PEACOCK ST., MERIDIAN, ID 83642

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

PIUS CHANNAVE

3. The mailing address for future correspondence is:

1288 E. PEACOCK ST., MERIDIAN ID 83642

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

PIUS CHANNAVE

1288 E. PEACOCK ST., MERIDIAN ID 83642

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

Signature: *[Signature]*

Typed Name: PIUS CHANNAVE

Capacity: MEMBER

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

g:\corpforms\LLC forms\articles of organization.pdf Revised 07/2002

IDAHO SECRETARY OF STATE
09/10/2004 05:00
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