

APTICLES OF ORGANIZATION

	LIMITED LIABILIT	Z677 w.	
	(Instructions on back	of application) SECRETARY OF STATE OF IDAHO	
1. 1	The name of the limited liability comp	pany is: STATE OF STATE	
	T N T COUNTRY, LLC	UAHO .	
2. 1	Fhe street address of the initial regist	ered office is:	
	1111 WEST JEFFERSON, STE 53	0	
á	and the name of the initial registered a		
3. 1	The mailing address for future correspondence is: 3715 W PINE AVE, MERIDIAN, ID 83642		
4. Management of the limited liability company will be vested in:		mpany will be vested in:	
1	Manager(s) 🗸 or Member(s) 🗌	(please check the appropriate box)	
 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. 		nager. If management is to be vested in the ress(es) of at least one initial member.	
	Name	Address	
	ALISON GLANDT	3715 W. PINE AVE, MERIDIAN, ID 83642	
	JANET DAY	3715 W. PINE AVE, MERIDIAN, ID 83642	
	JAMES DAY	3715 W. PINE AVE, MERIDIAN, ID 83642	
		onsible for forming the limited liability company:	
S	yped Name: SHANISHA WRIGHT	Secretary of State use only	
C	capacity: ORGANIZER	Section of State Sectio	
•	* · · · · · · · · · · · · · · · · · · ·	TRAIN SCORTANY OF STATE	
S	ignature	IDAHO SECRETARY OF STATE 5	
	yped Name:	1 9 190.90 = 100.90 ORGAN LLC #	
C	apacity:		

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