

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY 2005 DEC 27 PM 12: 46

(Instructions on back of application)

N. Street B. Street	(matructions of bac	K of application)	Of Control of the Con	
1.	The name of the limited liability com	npany is:	STATE OF THE STATE	
2.	The street address of the initial registered office is: 19962 W RIVERVIEW DR, POST FALLS, ID 83854			
	and the name of the initial registered agent at the above address is: KEVIN BETTIS			
3.	The mailing address for future correspondence is: 19962 W RIVERVIEW DR, POST FALLS, ID 83854			
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.		is to be vested in the	
	Name		Address	
	KEVIN BETTIS	19962 W RIVERVI	EW DR, POST FALLS, ID	
	ROBIN BETTIS	19962 W RIVERVII	EW DR, POST FALLS, ID	
6	Signature of at least one person res	Bonsible for forming the	e limited liability company:	
	Signature: 7	ette	Secretary of State use only	
	Typed Name: KEVIN BETTIS Capacity: MEMBER	รัชด์ การและการ ครั้ง	W45817	
	Signature	Power 07/20/2	IDAHO SECRETARY OF STATE	
	Typed Name:	Comst.LC Lorrs	12/27/2005 05: CK: 13509 CT: 174595 BH: 9/ 1 P 100.00 = 100.00 ORGAN	
	Capacity:	- July	ז ב זממימט - דממימט העתאע ד	