



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2007 JUN -1 AM 8:35
SECRETARY OF STATE
STATE OF IDAHO

- 1. The name of the limited liability company is:**

True North Expeditions LLC

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

HC 62 Box 312, Moyie Springs ID 83845

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

Regina M. Phillips

- 3. The mailing address for future correspondence is:**

P.O. Box 355, Movie Springs ID 83845

- 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

Regina M. Phillips

P.O. Box 355 , Moyie Springs ID 83845

Daniel D. Phillips

P.O. Box 355, Moyie Springs ID 83845

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

Signature:

Regina M. Phillips

Typed Name: Regina M. Phillips

Capacity: Managing Member

Secretary of State use only

Signature

Donald P. Phillips

Typed Name: Daniel D. Phillips

Capacity: Member

recompennett LLC forms verted organization.pdf
 Filed: 07/20/02

Web Form

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06/01/2007 05:00
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