

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY SEP 24 PM 12: 26

(Instructions on back of application) SECRETARY OF STATE

| • .   | STATE OF IDAMO   |
|---|--|
| 1. The name of the limited liability co   | ompany is:   |
| Reese and Emily Shurtliff Limited   | Liability Company  |
| The street address of the initial reg     425 Tendoy Dr. Idaho Falls, Idah                        | gistered office is:  |
| and the name of the initial register  | red agent at the above address is:   |
| <ol> <li>The mailing address for future corn</li> <li>3040 E. 17th Street Idaho Falls,</li> </ol> |  |
| 4. The limited liability company will be  | <b>e</b> :   |
| Manager-managed  or Memb  | per-managed (please check the appropriate box)   |
|   | hand (process strong the appropriate son)  |
|   | e(s) and address(es) of at least one initial manager. e(s) and address(es) of at least one initial member.   |
| <u>Name</u>   | Address  |
| Reese Shurtliff   | 425 Tendoy Dr. Idaho Falls, ID. 83401  |
| Emily Shurtliff   | 425 Tendoy Dr. Idaho Falls, ID. 83401  |
| Errary Gridiani   | 120 Toriday Dr. Iddilo ( alla, 1D. 0040)   |
|   |  |
|   |  |
|   |  |
|   |  |
| 6. Signature of at least one person re  | esponsible for forming the limited liability company:  |
| Signature: Thut   | Secretary of State use only  |
| Typed Name: Reese Shurtliff   | Secretary of State use only  |
| Capacity: Member  | Life State S |
| Signature Muly Shurtliff  | IDAHO SECRETARY OF STATE   |
| Typed Name: Emily Shurtliff   | 1DANG SECRETARY OF STATE  9 9/25/2607 05 =  CK: 1613 CT: 217963 BH: 16   |