

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY 2006 AUG 21 AM 9: 18

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Q £ 3	(Instructions on back of application)	
1. 1	The name of the limited liability company is: SECRETARY OF STATE STATE OF IDAHO	
	LAUFN RANCH LLC	
2.	The street address of the initial registered office is: 845 EAST 12 SOUTH TOAHO 83647	
	845 EAST 12 SOUTH DAHO 8367	
	and the name of the initial registered agent at the above address is:	
	ANNETTE HAZZARD	
3.	The mailing address for future correspondence is:	
	SAME AS ABOVE	
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.	
	Address Address	11
	Name	
	ANNETTE HAZZARD 845 EAST 12 SOUTH	
	ANNETTE HAZZARD 845 EAST 12 SOUTH G. PHILIP HAZZARD MOUNTAIN HOME ID 83647	
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	ANNETTE HAZZARD 845 EAST 12 SOUTH G. PHILIP HAZZARD MOUNTAIN HOME ID 83647 C. Signature of at least one person responsible for forming the limited liability company:	
	ANNETTE HAZZARD 845 EAST 12 SOUTH G. PHILIP HAZZARD MOUNTAIN HOME ID 83647 6. Signature of at least one person responsible for forming the limited liability company: Signature: Ameth Hazzard Secretary of State use only	
	ANNETTE HAZZARD 845 EAST 12 SOUTH G. PHILIP HAZZARD MOUNTAIN HOME ID 83647 6. Signature of at least one person responsible for forming the limited liability company: Signature: ANNETTE HAZZARD Secretary of State use only Typed Name: ANNETTE HAZZARD	
	ANNETTE HAZZARD 845 EAST 12 SOUTH MOUNTAIN HOME ID 83647 6. Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: ANNETTE HAZZARD Capacity: MEMBER Secretary of State use only Capacity: MEMBER	
	ANNETTE HAZZARO MOUNTAIN HOME ID 83647 6. Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: ANNETTE HAZZARO Capacity: MEM BEL Signature Sig	93 2
	ANNETTE HAZZARD B45 EAST 12 SOUTH MOUNTAIN HOME TD 83647 6. Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: ANNETTE HAZZARD Capacity: MEMBER IDAHO SECRETARY OF STATE	93 C # 3 C # 4

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