

FILED

ARTICLES OF ORGANIZATION

98 JAN -2 AM 10:00

LIMITED LIABILITY COMPANY

SECRETARY OF STATE
STATE OF IDAHO

To the Secretary of State of Idaho,
Statehouse, Boise, Idaho 83720



1. The name of the limited liability company is: COLEGROVE, LLC

2. The address of the initial registered office is: County Road 12, Naples, Idaho 83847
(not a PO Box)

and the name of the initial registered agent at that address is: Barbara Colegrove

Signature of registered agent: Barbara Colegrove

3. The latest date certain on which the limited liability company will dissolve: _____

4. Is management of the limited liability company vested in a manager or managers?
☒ Yes ☐ No (check appropriate box)

5. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one initial member.

Name:

Address:

Christopher G. Colegrove

P.O. Box 17, Naples, Idaho 83847

Barbara Colegrove

P.O. Box 17, Naples, Idaho 83847

6. Signature of at least one person listed in #5 above:

Barbara Colegrove

Secretary of State use only

IDAHO SECRETARY OF STATE

01/02/1998 09:00

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