TE TO

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY AND 19:33

	(Instructions on back	of application)	SECRETARY OF CT.	
1. T	he name of the limited liability comp Champ, LLC	oany is:	SECRETARY OF STATE STATE OF IDAHO	
	The street address of the initial regist	tered office is:		
			3301	
	621 North College, Suite 100, Twir			
а	and the name of the initial registered	agent at the ab	ove address is:	
	Gerald Martens			
3. T	The mailing address for future corres	pondence is:		
	621 North College, Suite 100, Twir	n Falls, Idaho 8	3301	
4. N	Management of the limited liability co	mpany will be v	vested in:	
	Manager(s) 🗸 or Member(s) 🗌		ne appropriate box)	
а	address(es) of at least one initial man member(s), list the name(s) and add	nager. If manag	ger(s), list the name(s) and gement is to be vested in the ast one initial member.	
а	address(es) of at least one initial mar	nager. If manag ress(es) of at le	gement is to be vested in the	
а	address(es) of at least one initial man member(s), list the name(s) and add Name	nager. If manag ress(es) of at le	pement is to be vested in the east one initial member. Address	
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а	address(es) of at least one initial man member(s), list the name(s) and add Name	nager. If manag ress(es) of at le	pement is to be vested in the east one initial member. Address	
e r	nddress(es) of at least one initial man member(s), list the name(s) and add Name Tensco, Inc.	nager. If managress(es) of at le	pement is to be vested in the past one initial member. Address ollege, Ste 100, Twin Falls, Idaho	
a r	Address(es) of at least one initial mannember(s), list the name(s) and add Name Tensco, Inc. Signature of a least one person responses	nager. If managress(es) of at le	pement is to be vested in the last one initial member. Address ollege, Ste 100, Twin Falls, Idaho ning the limited liability company:	
6. \$	Address(es) of at least one initial mannember(s), list the name(s) and add Name Tensco, Inc. Signature of at least one person responses the state of the state	nager. If managress(es) of at le	pement is to be vested in the last one initial member. Address ollege, Ste 100, Twin Falls, Idaho ning the limited liability company:	
6. \$ T	Address(es) of at least one initial mannember(s), list the name(s) and add Name Tensco, Inc. Signature of a least one person responses	nager. If managress(es) of at le	pement is to be vested in the last one initial member. Address ollege, Ste 100, Twin Falls, Idaho ning the limited liability company:	
6. \$ T	Address(es) of at least one initial mannember(s), list the name(s) and add Name Tensco, inc. Signature of at least one person respondent of the least one person respondent of the latter of the least one person respondent of	nager. If managress(es) of at le	pement is to be vested in the last one initial member. Address ollege, Ste 100, Twin Falls, Idaho ning the limited liability company:	ATE
arr 6. \$ T C	Address(es) of at least one initial mannember(s), list the name(s) and additional mannember (s), list the name(s) and list the na	nager. If managress(es) of at le	pement is to be vested in the last one initial member. Address ollege, Ste 100, Twin Falls, Idaho ning the limited liability company:	ATE 102
6. STC	Name Tensco, Inc. Signature of alleast one person respignature: yped Name: Gerald Martens capacity: President of Tensco, Inc.,	621 North Co	pement is to be vested in the last one initial member. Address ollege, Ste 100, Twin Falls, Idaho ning the limited liability company:	ATE SEL

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