



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2005 JUN 20 05:00

1. The name of the limited liability company is:

HOME AGAIN SHUTTLE SERVICE, LLC

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

95 VALLEY DR IRWIN IDAHO 83428

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

KARLEEN ROBERTSON

3. The mailing address for future correspondence is:

329 S WOODRUFF IDAHO FALLS ID 83401

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
<u>KARLEEN ROBERTSON</u>	<u>95 VALLEY DR.</u>
	<u>IRWIN, ID 83428</u>

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

Signature: *Karleen Robertson*
 Typed Name: KARLEEN ROBERTSON
 Capacity: MANAGER

Signature: _____
 Typed Name: _____
 Capacity: _____

Secretary of State use only

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 Revised 07/2002

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 06/20/2005 05:00
 CK: 1336 CT: 171497 BH: 816966
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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