

**ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

**FILED EFFECTIVE**  
JAN 12 - 8 AM 9:27

1. The name of the limited liability company is: **FORGET-ME-NOTS, LLC**
2. The address of the initial registered office is: **217 Main Street North, Kimberly, ID 83341**  

(not a P.O. Box)

and the name of the initial registered agent at that address is: **Teresa Roach.**
3. The mailing address for future correspondence: **Post Office Box A, Kimberly, ID 83341**
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 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:

**Teresa Roach**

Address:

**Post Office Box A  
Kimberly, ID 83341**

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

Signature

  
TERESA ROACH

Capacity:

Member

IDAHO SECRETARY OF STATE  
03/08/2006 05:00  
CK: 35466 CT: 174943 BH: 941898  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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