## FILL ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

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



STATE OF TOARSTATE FAIRES ENTERPRISES, L.L.C. The name of the limited liability company is: \_\_\_\_ 2. The address of the initial registered office is: 15 West Croy, Hailey, Idaho, 83333 and the name of the initial registered agent at that address is: Brian J. Faires Signature of registered agent : 3. The latest date certain on which the limited liability company will dissolve: 1/1/20254. Is management of the limited liability company vested in a manager or managers? 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: David Faires P O Box 3047, Sun Valley, ID 83353 Barbara Faires P O Box 3047, Sun Valley, ID Brian J. Faires P O Box 1349, Sun Valley, ID 6. Signature of at least one person listed in #5 above: I DANGE SERVICE PROMOTE SET DIFF. 10/15/1998 09:00 CK: 1768 CT: 21422 BH: 153524 1 0 108.00 = 180.00 GREAN LLC # 2

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Fee: \$100 if typed with no attachments \$120 if not typed or if attachments are included