



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
2004 JUN 21 PM 1:26

STATE  
OF IDAHO

1. The name of the limited liability company is:

INPHI PARTNERS, LLC

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

128 SADDLE ROAD, SUITE 103, KETCHUM, IDAHO 83340

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

ROBERT KORB

3. The mailing address for future correspondence is:

Post Office Box 6496, Ketchum, Idaho, 83340-6496

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>Tim Semones</u> | <u>P.O. Box 6496, Ketchum, ID 83340-6496</u> |
| <u> </u>           | <u> </u>                                     |
| <u> </u>           | <u> </u>                                     |
| <u> </u>           | <u> </u>                                     |
| <u> </u>           | <u> </u>                                     |
| <u> </u>           | <u> </u>                                     |

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

Signature: Tim Semones

Typed Name: Tim Semones

Capacity: Member

Signature:  

Typed Name:  

Capacity:  

Secretary of State use only

9:00pm forms LLC forms for organization p65  
Revised 07/2002

IDAHO SECRETARY OF STATE  
06/21/2004 05:00  
CK: 6858 CT: 2204 BH: 751572  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

Web Form

W31304