

**FILED/EFFECTIVE**

**ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

SEP 18 PM 2:25

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is: **K-B-P, L.L.C.**
2. The address of the initial registered office is: **2570 Eldridge Ave., Twin Falls, Idaho**  
(not a P.O. Box)  
and the name of the initial registered agent at that address is: **Robert Keegan.**

Signature of registered agent: \_\_\_\_\_

*Robert Keegan*

3. Is management of the limited liability company vested in a manager or managers?  
☐ Yes ☒ NO (check appropriate box)
4. 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:

**Robert Keegan**

**2570 Eldridge Ave.  
Twin Falls, Idaho 83301**

5. Signature of at least one person listed in #4 above:

*Robert Keegan*  
Robert Keegan

IDAHO SECRETARY OF STATE

09/18/2000 09:00  
CK: 24110 CT: 2053 BH: 349125

1 @ 100.00 = 100.00 ORGAN LLC # 3  
1 @ 20.00 = 20.00 EXPEDITE C # 4

W12957