

Capacity: ___

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

06 OCT 31 AM 10: 52

	(Instructions on back	of application)	CEODETADA OF THE	
1.	The name of the limited liability comp	pany is:	SECRETARY OF STATE STATE OF IDAHO	
	FAR WEST RESTAURANTS, LLC.	•		
2.	The street address of the initial registe	ered office is:		
	12365 Caribee Inlet Dr Star ID 83669			
	and the name of the initial registered agent at the above address is:			
	Ross Garven			
3.	The mailing address for future corresp	oondence is:		
	12365 Caribee Inlet Dr Star ID 83			
4	Management of the limited liability cor	mnany will be vested i	in [,]	
→.		·_ ` ·		
	Manager(s) or Member(s) (please check the appropriate box)			
 If management is to be vested in one or more manager(s), list the name(s) address(es) of at least one initial manager. If management is to be vested member(s), list the name(s) and address(es) of at least one initial member 			is to be vested in the	
	Name Address			
	Ross Garven	12365 Caribee Inlet Dr Star ID 83669		
	Bonnie Garven	12365 Caribee Inlet Dr Star ID 83669		
	<u> </u>			
	Signature of at least one person responses	onsible for forming the	e limited liability company:	
	Signature:		Secretary of State use only	
	Typed Name: Rose Garven Capacity: Member		11	
	Dapacity: Member	rmwil L.C. Sermalan teoforgamization, p.65 Nevissed 07/2002	WS5851	
	Signature	formular 7/2002	IDAHO SECRETARY OF STATE 10/31/2006 05:00	
	Typed Name:	Correst LC Corresi	CK: 5869 CT: 206036 BH: 998259	
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