	ARTICLES OF OR	GANIZATION	FILED EFFECT
	LIMITED LIABILIT		07 APR 17 PH 3: 49
	(Instructions on back		SECRETARY OF STATE
1 The n	ame of the limited liability comp	anv is:	STATE OF IDAHO
	ANA LLC	•	
2 The s	reet address of the initial regist	ered office is:	
	E. Iron Eagle Dr. Ste. 105 Ea		
	e name of the initial registered		ress is:
	c E. Wight		
	ailing address for future corres		
	E. Iron Eagle Dr. Ste. 105 Ea	gie, ID 63616	
4. Mana	gement of the limited liability co	mpany will be vested in	:
Mana 5. If ma addre	ger(s) 🖌 or Member(s) 🗌 nagement is to be vested in one ss(es) of at least one initial mar	(please check the appropria or more manager(s), lis nager. If management is	^{ite box)} st the name(s) and s to be vested in the
Mana 5. If ma addre mem	ger(s) 🗹 or Member(s) 🗌 nagement is to be vested in one ess(es) of at least one initial mar per(s), list the name(s) and addu Name	(please check the appropria or more manager(s), lis nager. If management is ress(es) of at least one	tte box) st the name(s) and s to be vested in the initial member. Address
Mana 5. If ma addre mem	ger(s) 🔽 or Member(s) 🗌 nagement is to be vested in one ass(es) of at least one initial mar per(s), list the name(s) and add	(please check the appropria or more manager(s), lis nager. If management is	tte box) st the name(s) and s to be vested in the initial member. Address
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Mana 5. If ma addre mem Deb	ger(s) 🗹 or Member(s) 🗍 nagement is to be vested in one ess(es) of at least one initial mar per(s), list the name(s) and add Name ra A. Breese	(please check the appropria or more manager(s), lis nager. If management is ress(es) of at least one 2975 William Pocate	at the name(s) and s to be vested in the initial member. Address ello, ID 83201
Mana 5. If ma addre mem <u>Deb</u> 	ger(s) v Member(s) agement is to be vested in one ass(es) of at least one initial mar ber(s), list the name(s) and addr Name ra A. Breese	(please check the appropria or more manager(s), lis nager. If management is ress(es) of at least one 2975 William Pocate	tte box) st the name(s) and s to be vested in the initial member. Address ello, ID 83201
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Mana 5. If ma addre mem Del G. Signa Typed Capa Signa Typed	ger(s) [] or Member(s) [hagement is to be vested in one less(es) of at least one initial mar- ber(s), list the name(s) and addr Name ra A. Breese ature of at least one person rest ture:	(please check the appropria or more manager(s), lis nager. If management is ress(es) of at least one 2975 William Pocate	tte box) st the name(s) and s to be vested in the initial member. Address stillo, ID 83201 limited liability company: Secretary of State use only IDAHO SECRETARY OF E14/17/2007 CK: 4389 CT: 188283