

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

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# Q 당 Q	(Instructions on back	of application)			
	The name of the limited liability comp				
<u>.</u>	The street address of the initial regist	the control of the co			
	and the name of the initial registered  David Stevens	agent at the above address is:			
3.	. The mailing address for future correspondence is: P. O. Box 2030, Sun Valley, ID 83353				
4.	Management of the limited liability co	ompany will be vested in:			
	Manager(s) ☐ or Member(s) ✓	_			
5.	address(os) of at least one initial ma	e or more manager(s), list the name(s) and inager. If management is to be vested in the dress(es) of at least one initial member.			
	Name	Address			
	David F. Wilson	P. O. Box 6770, Ketchum, ID 83340			
6.	Signature of at least one person res	ponsible for forming the limited liability company:			
	Typed Name: David F. Wilson				
	Capacity: Member	Torganiz.			
	Capacity: Member  Signature  Typed Name:	:∃ % 1 00 00 ± 100 00 ndcAu i i			

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