

APTICLES OF ORGANIZATION

X MAT	ABILITY COMPANY	2-
(Instructio	ns on back of application)	2006 DEC -7 AN A
. The name of the limited lia	ability company is:	SECRETARY OF STATE OF IDAHO
Voyager Enterprises, LL	• • •	STATE OF IDAHO
2. The street address of the i	nitial registered office is:	<i>"</i> 10
2523 East Sunnyside, A	mmon, Idaho 83406	
and the name of the initial Tara L. Arave	registered agent at the above add	dress is:
 The mailing address for full 2523 East Sunnyside, A 	•	
4. Management of the limited	liability company will be vested in	ı:
Manager(s) 🗸 or Mem	ber(s) [(please check the appropria	ate b ox)
Name		Address
Tara L. Arave	2523 East Sunnyside	e, Ammon, Idaho 83406
6. Signature of at least one positions.	erson responsible for forming the I	
Typed Name: Tara L. Arav	6 8 8	Secretary of State use only
Capacity: Manager	przy social	
Signature	entsol.	·
	1 E 00	IDAHO SECRETARY OF STATE
Typed Name:	Difference of 172002	IDAHO SECRETARY OF STATE 12/07/2006 05=00 CK: 2021 CT: 175365 BH: 1018066 1 0 180.68 = 180.88 ORGAN LLC # 2 1 0 20 90 = 20.80 EXPEDITE C # 3

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