

Capacity: \_\_\_\_

## ARTICLES OF ORGANIZATION FILED EFFEN

ti fo	(Instructions on bacl	k of application)	SECDITION AND SECTIVE
1. 7	The name of the limited liability com	pany is:	~ Unriving ~
	Arave & Burch Land and Livestoc	k LLC	STATE OF IDAHO
2.	The street address of the initial registered office is: 590 N 150 E, Blackfoot, ID 83221		
á	and the name of the initial registered agent at the above address is:		
	Trisha Burch Arave		
3.	The mailing address for future correspondence is:		
	590 N 150 E, Blackfoot, ID 83221	·	
4. 1	Management of the limited liability company will be vested in:		
ì	Manager(s) ✓ or Member(s) ✓	(please check the	e appropriate box)
5	address(es) of at least one initial ma	nager Ifmanage	er(s), list the name(s) and
	address(es) of at least one initial ma nember(s), list the name(s) and add Name		ement is to be vested in the
	nember(s), list the name(s) and add	Iress(es) of at lea	ement is to be vested in the ast one initial member.
	nember(s), list the name(s) and add	fress(es) of at lea	ement is to be vested in the ast one initial member.  Address
	nember(s), list the name(s) and add  Name  Trisha Burch Arave	590 N 150 E,	ement is to be vested in the ast one initial member.  Address  Blackfoot, ID 83221
	nember(s), list the name(s) and add  Name  Trisha Burch Arave  Daryl K. Arave	590 N 150 E,	ement is to be vested in the ast one initial member.  Address  Blackfoot, ID 83221  Blackfoot, ID 83221
	nember(s), list the name(s) and add  Name  Trisha Burch Arave  Daryl K. Arave	590 N 150 E,	ement is to be vested in the ast one initial member.  Address  Blackfoot, ID 83221  Blackfoot, ID 83221
	nember(s), list the name(s) and add  Name  Trisha Burch Arave  Daryl K. Arave	590 N 150 E,	ement is to be vested in the ast one initial member.  Address  Blackfoot, ID 83221  Blackfoot, ID 83221
r	nember(s), list the name(s) and add  Name  Trisha Burch Arave  Daryl K. Arave  Mary Ann Burch	590 N 150 E, 590 N 150 E, 950 E 700 N,	ement is to be vested in the ast one initial member.  Address  Blackfoot, ID 83221  Blackfoot, ID 83221  Shelley, ID 83274
f. s	Name Trisha Burch Arave Daryl K. Arave Mary Ann Burch	590 N 150 E, 590 N 150 E, 950 E 700 N,	ement is to be vested in the ast one initial member.  Address  Blackfoot, ID 83221  Blackfoot, ID 83221  Shelley, ID 83274  ing the limited liability company:
6. S	Name Trisha Burch Arave  Daryl K. Arave  Mary Ann Burch  Signature of at least one person responsions.	590 N 150 E, 590 N 150 E, 950 E 700 N,	ement is to be vested in the ast one initial member.  Address  Blackfoot, ID 83221  Blackfoot, ID 83221  Shelley, ID 83274
6. \$	Name Trisha Burch Arave Daryl K. Arave Mary Ann Burch	590 N 150 E, 590 N 150 E, 950 E 700 N,	ement is to be vested in the ast one initial member.  Address  Blackfoot, ID 83221  Blackfoot, ID 83221  Shelley, ID 83274  ing the limited liability company:
6. S S T	Name  Trisha Burch Arave  Daryl K. Arave  Mary Ann Burch  Signature of at least one person respondent to the second to the secon	590 N 150 E, 590 N 150 E, 950 E 700 N,	ement is to be vested in the ast one initial member.  Address  Blackfoot, ID 83221  Blackfoot, ID 83221  Shelley, ID 83274  ing the limited liability company:
6. S Si C	Name  Trisha Burch Arave  Daryl K. Arave  Mary Ann Burch  Signature of at least one person respondent of the second of the secon	590 N 150 E, 590 N 150 E, 950 E 700 N,	ement is to be vested in the ast one initial member.  Address  Blackfoot, ID 83221  Blackfoot, ID 83221  Shelley, ID 83274  ing the limited liability company:  Secretary of State use only

1 0 188.08 = 188.08 ORGAN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3

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