

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

OSEFRIO AULI:08

	(Instructions on back o	fapplication)	
1.	The name of the limited liability compa	any is: STATE OF IDAHO	
	GABRIELLI BULLOS II U		
2.	2. The street address of the initial registered office is:		
5979 S. Settlement Way Boise, ID 83716		83716	
	and the name of the initial registered agent at the above address is:		
	Tony Gabrielli		
3.	The mailing address for future correspondence is: 5979 S. Settlement Way Boise, ID 83716		
4.	Management of the limited liability company will be vested in:		
	Manager(s) or Member(s)	(please check the appropriate box)	
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) or at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.		
	Name	Address	
	Tony Gabrielli	5979 S. Settlement Way Boise, ID 83716	
	Randy vinyo	5587 ZONETANED WY. BOISE 8371	
6.	Signature of atleast one nerson respo	nsible for forming the limited liability company:	
Signature: MAUGICA Secretary of State use only			
	Typed Name: Tony Gabrielli	Secretary of State use only	
	Capacity: President	Commission of State assessment of State assess	
		ad to go	
	Signature	IDAHO SECRETARY OF STATE	

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