

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

06 FEB -2 PM 3: 57

V V	(111311 d 0110113 011 b d 0110		
1.	The name of the limited liability compa	iny is:	SECRETARY OF STATE STATE OF IDAHO
2.	The street address of the initial registe 4462 N Stamped Way Meridian ID		
	and the name of the initial registered a		ess is:
3.	The mailing address for future corresponded Way Meridian ID		
4.	Management of the limited liability con	npany will be vested in:	
	Manager(s) or Member(s)	(please check the appropriate	e box)
		or more manager(s) list	the name(s) and
5.	If management is to be vested in one of address(es) of at least one initial manamember(s), list the name(s) and address	ager, If management is	to be vested in the
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	Address(es) of at least one initial manamember(s), list the name(s) and address Name Judi F Hines Signature of at least one person responsibility and the street of the street of the street of the street of the street one person responsibility and the street of the s	ager. If management is ess(es) of at least one ir 4462 N Stampede Ward on the last one in the last one ir 4462 N Stampede Ward on the last one in the last one ir 4462 N Stampede Ward on the last one in the	imited liability company: