ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)



1.	The name of the limited liability company is:
2.	The address of the initial registered office is: 1651 Schilling Loop, (not a PO Box)
	Post Falls, ID 83854 and the name of the initial registered
	agent at that address is:
	Signature of registered agent :
3.	The latest date certain on which the limited liability company will dissolve: 6/18/27
4.	Is management of the limited liability company vested in a manager or managers? Yes No (check appropriate box)
5.	If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one initial member. Name: Address:
	Daniel Gisel 1651 Schilling Loop, Post Falls ID
	Carolynn Gisel (same as above)
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6	Signature of at least one person listed in #5 above: Trolegy # IDAHO SECRETARY OF STATE Description Descr