

Capacity: Manager

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FULLD SPIECTIVE

	SILITY CONTINUES	2005 JUH - 8 AM 9: 05	
	n back of application)	SECRETARY: OF STATE	
1. The name of the limited liabilit	y company is:	STATE OF 10110	
Robbers, L.L.C.			
2. The street address of the initia	al registered office is:		
1104 N. 9th Ave., Caldwell,	ID 83605		
and the name of the initial reg	jistered agent at the above a	address is:	
Ralph Korn			
3. The mailing address for futur	e correspondence is:		
1104 N. 9th Ave., Caldwell	l, Idaho, 83605		
4. Management of the limited li	ability company will be veste	ed in:	
Manager(s) ✓ or Member		propriate box)	
member(s), list the name(s)	ed in one or more manager( nitial manager. If manageme and address(es) of at least	Address	
	1104 N. 9th Ave	e., Caldwell, ID 83605	
Ralph Korn		ad, Nampa, ID 83687	
Scott McDonald		1104 N. 9th Ave., Caldwell, ID 83605 19025 Flora Road, Nampa, ID 83687	
Cheri Korn			
Kelly McDonald			
6. Signature of at least one p	erson responsible for formin	ng the limited liability company:	
Signature:	· <del></del>	Secretary of State use only	
Typed Name: Ralph Korn	anizatio		
Capacity: Manager	ouald Onythemsel.LC forms and an ization, p65	w51481	
Signature 10 HM	onald when the same of the sam	IDAHO SECRETARY OF STATE	
Typed Name: Scott McDo	nald Ebyo	06/08/2006 00 = 1 CK: 3867 CT: 201149 BH: 95 1 a 182 GR = 180.00 ORGAN L	
Canacity: Manager		I 6 T00*00 - 100*00 Attention	