ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

The address of the initial registered office is: 2887 N. BURLEY MAY. MERIDIAN. ID: 83642 agent at that address is STEVE R. PETERSEN and the name of the initial register agent at that address is Signature of registered agent: The latest date certain on which the limited liability company will dissolve: DECEMBER 31,2 is management of the limited liability company vested in a manager or managers? If management is vested in one or 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: SIEVE R. PETERSEN 2887 N. BURLEY MAY. MERIDIAN. IDAHO 83642 IDAHO SECRETARY OF SI	The name of the limited liability compan	A PET KITOLA	<u>stmg tetete</u>	-	
Signature of registered agent: The latest date certain on which the limited liability company will dissolve: DECEMBER 31,2 is management of the limited liability company vested in a manager or managers? Yes No (check appropriets hore) If management is vested in one or more manager(s), list the name(s) and address(es) of a least one initial member. Name: Address: STEVE R. PETERSEN 2887 N. BURLEY WAY, MERIDIAN, IDAHO 83642		e is: .2887 N. (not a PO Box)	BURLEY WA	Y. MERIDIAN	v. 10
The latest date certain on which the limited liability company will dissolve: DECEMBER 31,2 Is management of the limited liability company vested in a manager or managers? Yes No (chect appropriate box) If management is vested in one or more manager(s), list the name(s) and address(es) of a 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: STEVE R. PETERSEN 2887 N. BURLEY WAY. MERIDIAN. IDAHO 83642 Secretary of State user only	agent at that address isSTEVE_R.	PETERSEN	and the name	of the initial	register
s management of the limited liability company vested in a manager or managers? Yes No (check appropriate loss) If management is vested in one or more manager(s), list the name(s) and address(es) of a 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: STEVE R. PETERSEN 2887 N. BURLEY WAY, MERIDIAN, IDAHO 83642 Signature of at least/one person listed in #5 above. Secretary of State use only	Signature of registered agent:				
s management of the limited liability company vested in a manager or managers? Yes No (check appropriate loss) If management is vested in one or more manager(s), list the name(s) and address(es) of a 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: STEVE R. PETERSEN 2887 N. BURLEY WAY, MERIDIAN, IDAHO 83642 Signature of at least/one person listed in #5 above. Secretary of State use only	The latest date certain on which the limit	ed liability comp	any will disso	DECEMBE	ER 31,2
If management is vested in one or more manager(s), list the name(s) and address(es) of a 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: STEVE R. PETERSEN 2887 N. BURLEY WAY. MERIDIAN. IDAHO 83642 Secretary of State use only.					
east one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one initial member. Name: STEVE R. PETERSEN 2887 N. BURLEY WAY, MERIDIAN, IDAHO 83642 Secretary of State use oney	☐ Yes	NO (check up)	a manager o	r managera?	
ass one initial manager. If management is vested in the members, list the name(s) and iddress(es) of at least one initial member. Name: STEVE R. PETERSEN 2887 N. BURLEY WAY, MERIDIAN, IDAHO 83642 Secretary of State user oney	f management is vested in one or more	manager(s), list	the name(s)	and address	(es) of a
STEVE R. PETERSEN 2887 N. BURLEY WAY, MERIDIAN, IDAHO 83642 Secretary of State use only	east one inibal manager. If management	l is vested in the	members, k	st the name(s) and
ignature of at least one person listed in #5 above: Secretary of State use only			ddress:		
Secretary of State use cray	STEVE R. PETERSEN	_ 2887 N. B	URLEY WAY	MERIDIAN. 83642	LDAHO
Secretary of State use cray					
Secretary of State use only					
Secretary of State use cray					
Secretary of State use only					
Secretary of State use cray					
	ionature of at least and person lieted in				
	ignature of all least/one person listed in a	#5 above:			
IDANO SECRETARY OF ST	ignature of all least one person listed in a	#5 above:			
I IDAHO SECRETARY OF ST	ignature of all least/one person listed in a	t5 above:	Secretar	y of State Leaf Crey	
IDAHO SECRETARY OF ST	ignature of at least/one person listed in a	s5 above	Secretar	y of State use only	
	ignature of at least/one person listed in a	t5 above	Secretar	y of State uses only	

1 8 188.88 = 188.88 ORSAN LLC