

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

|  | ack of application)   |
|--|---|
| <ol> <li>The name of the limited liability co<br/>HERE'S MUD IN YOUR EYE, L</li> </ol> |   |
| 2. The street address of the initial reg   |   |
| 215 W. LAKE STREET, McCAL  |   |
| and the name of the initial registered HEIDI CHESLEY                                   | ed agent at the above address is:   |
| 3. The mailing address for future corresponding P.O. BOX 2374, McCALL, ID 836          |   |
| 4. Management of the limited liability of  |   |
| Manager(s) v or Member(s)  |   |
|  | The opposition boxy   |
|  | ee or more manager(s), list the name(s) and anager. If management is to be vested in the dress(es) of at least one initial member.          |
| Name   | Address   |
| HEIDI CHESLEY  | P.O. BOX 2374, McCALL, ID 83638   |
|  |   |
| PATRICK McMAHON  |   |
| PATRICK McMAHON  | P.O. BOX 2374, McCALL, ID 83638   |
| PATRICK McMAHON  |   |
| PATRICK McMAHON  |   |
| PATRICK McMAHON  |   |
| i. Signature of at léast one person resp   |   |
|  | P.O. BOX 2374, McCALL, ID 83638  Donsible for forming the limited liability company:  |
| Signature of at léast one person resp<br>Signature:                                    | P.O. BOX 2374, McCALL, ID 83638  Donsible for forming the limited liability company:  |
| Signature of at léast one person resp<br>Signature:                                    | P.O. BOX 2374, McCALL, ID 83638  Donsible for forming the limited liability company:  |
| S. Signature of at léast one person resp<br>Signature: HEIDI CHESLEY                   | P.O. BOX 2374, McCALL, ID 83638  Consible for forming the limited liability company:  Secretary of State use only  IDANO SECRETARY OF STATE |