



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2005.07.25

07

1. The name of the limited liability company is:

Kal, LLC

2. The street address of the initial registered office is:

1970 E. Horsehaven Avenue, Post Falls, ID 83854

and the name of the initial registered agent at the above address is:

David L. White

3. The mailing address for future correspondence is:

1970 E. Horsehaven Avenue, Post Falls, ID 83854

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
David L. White	1970 E. Horsehaven Avenue
	Post Falls, ID 83854

6. Signature of at least one person responsible for forming the limited liability company:

Signature: *David L. White*

Typed Name: David L. White

Capacity: Member

Signature: _____

Typed Name: _____

Capacity: _____

Secretary of State use only

g:\corpforms\LLC\forms\articlesoforganization.pdf Revised 07/2002

IDAHO SECRETARY OF STATE
07/25/2005 05:00
CK: 1871 CT: 45648 BH: 823145
1 @ 100.00 = 100.00 ORGAN LLC # 2

W41401