

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

7	(Instructions on back o	of application)
1	The name of the limited liability compa	any is:
	Kal, LLC	
2.	The street address of the initial registers 1970 E. Horsehaven Avenu	ered office is: ie, Post Falls, ID 83854
	and the name of the initial registered a	agent at the above address is:
	David L. White	
3.	The mailing address for future corresp	oondence is:
	1970 E. Horsehaven Avenue	e, Post Falls, ID 83854
4.	Management of the limited liability cor	mpany will be vested in:
	Manager(s) or Member(s)	(please check the appropriate box)
5.	address(es) of at least one initial man	or more manager(s), list the name(s) and lager. If management is to be vested in the
5.	address(es) of at least one initial man	rager. If management is to be vested in the ress(es) of at least one initial member. Address
5.	address(es) of at least one initial man member(s), list the name(s) and addre	lager. If management is to be vested in the ess(es) of at least one initial member.
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	address(es) of at least one initial man member(s), list the name(s) and address Name David L. White	ager. If management is to be vested in the ess(es) of at least one initial member. Address 1970 E. Horsehaven Avenue Post Falls, ID 83854
6.	Address(es) of at least one initial man member(s), list the name(s) and address Name David L. White Signature of at least one person responses	ager. If management is to be vested in the ess(es) of at least one initial member. Address 1970 E. Horsehaven Avenue
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6.	Signature of at least one person responsionature: Typed Name: David L. White David L. White David L. White David L. White	Address 1970 E. Horsehaven Avenue Post Falls, ID 83854 Possible for forming the limited liability company: Secretary of State use only IDANO SECRETARY OF TABLES OF THE PROPERTY OF THE P

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