

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2005 MAR 23 AM 9: 13

(11100110011010110	(back of application)	iaki. mada
1. The name of the limited liability	company is:	STATE OF IDAHO
Kardella, LLC		
2. The street address of the initial	registered office is:	
400 1st Avenue North, Suite	_	
and the name of the initial regis	stered agent at the above addres	ss is.
Matthew Cosgriff	itorea agent at the above address	E 8 T
		ISHAR 28
3. The mailing address for future of		28 E C
P.O. Box 4803, Ketchum, ID	83340	
4. Management of the limited liabi	ility company will be vested in:	善
Manager(s) v or Member(s	S) [] (please check the appropriate b	oox)
 address(es) of at least one initia 		
address(es) of at least one initial member(s), list the name(s) and Name	d address(es) of at least one init	
member(s), list the name(s) and	d address(es) of at least one init	tial member. Address
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member(s), list the name(s) and	d address(es) of at least one init	tial member. Address
member(s), list the name(s) and Name Matthew Cosgriff	P.O. Box 4803, Ketchu	tial member. Address m, ID 83340
Matthew Cosgriff 6. Signature of at least one person Signature:	P.O. Box 4803, Ketchur	tial member. Address m, ID 83340
Matthew Cosgriff 6. Signature of at least one person Signature: Typed Name: Matthew Cosgriff	P.O. Box 4803, Ketchur	tial member. Address Im, ID 83340 aited liability company:
Matthew Cosgriff 6. Signature of at least one person Signature:	P.O. Box 4803, Ketchur	tial member. Address Im, ID 83340 aited liability company:
Matthew Cosgriff Signature of at leastone person Signature: Typed Name: Matthew Cosgriff Capacity: Manager	P.O. Box 4803, Ketchur	tial member. Address Im, ID 83340 aited liability company:
Matthew Cosgriff 6. Signature of at least one person Signature: Typed Name: Matthew Cosgriff	P.O. Box 4803, Ketchur Presponsible for forming the lim	Address Im, ID 83340 Inited liability company: Secretary of State use only