

Capacity: Manager

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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SECLE OF STATE STATE OF IDAHO	
ress is:	
te box)	******
at the name(s) and s to be vested in the nitial member.	
Address	
Boise Id 83702	
se ld 83706	
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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
limited liability company:	
Secretary of State use only	.

Commission of Contract	(		SECLED OF STAT
. 1	The name of the limited liability compa	any is:	STATE OF IDAHO
	McCown, LeMay LLC		
2. 1	The street address of the initial registe	ered office is:	
	1900 N. 21st Street, Boise ID 83702	2	
a	and the name of the initial registered a	agent at the above address i	s:
	David McCove		
3 1	The mailing address for future corresp	oondence is:	
	Same		
<b>⊿</b> !	Management of the limited liability cor	mpany will be vested in:	
	Manager(s) 🔽 or Member(s) 🗌		
	3 ( )		
5. I	If management is to be vested in one o address(es) of at least one initial man	or more manager(s), list the	name(s) and e vested in the
; !	address(es) of at least one initial man member(s), list the name(s) and addr	ess(es) of at least one initial	member.
	Name		dress
	Daniel McCown	1900 N. 21st Street, Bois	e ld 83702
	Timothy LeMay	1300 Targee St. Boise Id	83706
	<u> </u>		
			-
6.	Signature of at least one person resp	onsible for forming the limite	ed liability company:
	Signature:	Se Se	cretary of State use only
	Typed Name: Daniel McCown		
(	Capacity: Manager	msi-Li-C formsiansoforganization	
	<i>y</i> . <i>y</i>		
	Signature	msiLLC fermes	IDAHO SECRETARY O

CK: CASH CT: 185720 BH: 796554 1 0 100.00 = 100.00 ORGAN LLC # 2

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