



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED

CTIVE

05 DEC -2 PM 1:22

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Custom Cellular LLC

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

1485 Pole Line Road East Twin Falls, ID 83301 - 3593

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

Jacob John Garling

3. The mailing address for future correspondence is:

7585 W. Florence Ln. #101 Boise, ID. 83704

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
<u>Jacob John Garling</u>	<u>7585 W. Florence Ln. #101 Boise, ID. 83704</u>
<u>Theodore James Garling</u>	<u>7585 W. Florence Ln. #101 Boise, ID. 83704</u>
_____	_____
_____	_____
_____	_____

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

Signature: *Jacob J. Garling*

Typed Name: Jacob John Garling

Capacity: Member

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
12/02/2005 05:00  
CK: 670380 CT: 172099 BH: 924818  
1 @ 100.00 = 100.00 ORGAN LLC # 2

g:\corp\forms\LLC\forms\ansfororganization.p65  
Revised 07/2002

Web Form

W45082