

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2005 MAR 28 AM-9:-36

2. The street address of the initial registered office is: 1641 N. Interlachen Way Meridian, Idaho 83642 and the name of the initial registered agent at the above address is: Dennis J. Geving 3. The mailing address for future correspondence is: P.O. Box 111 McCall, Idaho 83638 4. Management of the limited liability company will be vested in: Manager(s) ✓ or Member(s) ✓ please 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 Dennis Geving 1641 N. Interlachen Way Meridian, Id. 83642 6. Signature of at least one person responsible for forming the limited liability company: Signature. ✓ Secretary of state wise cetty Typed Name: Dennis Geving Capacity: Manager	1.	The name of the limited liability compact AGL Development L.L.C.	pany is:	STATE OF IDAHO		
and the name of the initial registered agent at the above address is: Dennis J. Geving 3. The mailing address for future correspondence is: P.O. Box 111	2.	The street address of the initial registe	ered office is:			
Dennis J. Geving 3. The mailing address for future correspondence is: P.O. Box 111 McCall, Idaho 83638 4. Management of the limited liability company will be vested in: Manager(s) or Member(s) (cliease cneck if e 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 Dennis Geving 1641 N. Interlachen Way Meridian, Id. 83642 6. Signature of at least one person responsible for forming the limited liability company: Signature: Signature: Secretary of State use only Typed Name: Dennis Geving Capacity: Manager		1641 N. Interlachen Way Me	eridian, Idaho 83642			
3. The mailing address for future correspondence is: P.O. Box 111	and the name of the initial registered agent at the above address is:					
P.O. Box 111 McCall, Idaho 83638 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 Dennis Geving 1641 N. Interlachen Way Meridian, Id. 83642 6. Signature of at least one person responsible for forming the limited liability company: Signature: ☐ Secretary of State use only Typed Name: Dennis Geving Secretary Manager		Dennis J. Geving				
 4. Management of the limited liability company will be vested in: Manager(s) or Member(s) tolease 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 Dennis Geving 1641 N. Interlachen Way Meridian, Id. 83642 6. Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: Dennis Geving Capacity: Manager Secretary of State use only 	3.	. The mailing address for future correspondence is:				
Manager(s) or Member(s) blease cneck 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 Dennis Geving 1641 N. Interlachen Way Meridian, Id. 83642 6. Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: Dennis Geving Capacity: Manager		P.O. Box 111 McCall, Idaho 83638				
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 Dennis Geving 1641 N. Interlachen Way Meridian, Id. 83642 6. Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: Dennis Geving Capacity: Manager	4. Management of the limited liability company will be vested in:					
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 Dennis Geving 1641 N. Interlachen Way Meridian, Id. 83642 6. Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: Dennis Geving Capacity: Manager	Manager(s) or Member(s) (please check the appropriate box)					
Dennis Geving 1641 N. Interlachen Way Meridian, Id. 83642 6. Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: Dennis Geving Capacity: Manager Secretary of Stale use only	5.	address(es) of at least one initial manager. If management is to be vested in the				
6. Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: Dennis Geving Capacity: Manager		Name	Addres	s		
6. Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: Dennis Geving Capacity: Manager		Dennis Geving	1641 N. Interlachen Way N	leridian, Id. 83642		
6. Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: Dennis Geving Capacity: Manager		The Control of the co				
6. Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: Dennis Geving Capacity: Manager				r - Parallina - American and a secretary and a		
6. Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: Dennis Geving Capacity: Manager Secretary of Stale use only						
Signature: Secretary of Stale use only Typed Name: Dennis Geving Capacity: Manager		- COLUMN TOWN TO THE CONTROL OF THE COLUMN TOWN TO THE COLUMN TOWN TO THE COLUMN TOWN TO THE COLUMN TO THE COLUMN TO THE COLUMN TOWN TO THE COLUMN TO THE CO				
Signature: Secretary of Stale use only Typed Name: Dennis Geving Capacity: Manager			THE STORY STORES CONTRACTOR ACTOR IS AND THE CONTRACTOR OF THE STORY O	a the way had the transfer of the second state		
Signature: Secretary of Stale use only Typed Name: Dennis Geving Capacity: Manager	Signature: Sound A. Stevens					
Typed Name: Dennis Gevifig Capacity: Manager						
Capacity: Manager	-	Typed Name: Dennis Geving	Secretary	y or state use only		
	(Capacity: Manager				
Cionatura		Pignoturo				
Signature						
Typed Name:				INGHA SEPRETARY OF STATE		

109HO SECRETARY OF STATE
03/28/2805 05:00
CX: 2583 CT: 187321 BH: 801183
1 0 188.00 = 188.00 ORGAN LLC # 2

1038058