

Typed Name: JENNY PACKER

Capacity: MANAGER

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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1. The name of the limited liabil	ity company is: SECRETARY OF ST
MOUNTAIN CREST INVES	CIAIL II I
2. The street address of the initia	al registered office is
9540 N. GARDEN GROVE	
	istered agent at the above address is:
JAKE PACKER	istered agent at the above address is:
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9540 N. GARDEN GROVE	
4. Management of the limited lial	pility company will be vested in:
Manager(s) 🗸 or Member	(S) [ please check the appropriate box)
member(s), list the name(s) ar	tial manager. If management is to be vested in the not address(es) of at least one initial member.  Address
JAKE PACKER	9540 N. GARDEN GROVE
	IDAHO FALLS, ID 83401
JENNY PACKER	9540 N. GARDEN GROVE
	IDAHO FALLS, ID 83401
	n responsible for forming the limited liability company:
Signature:	Secretary of State use only
Typed Name: JAKE PACKER Capacity: MANAGER	
	Thouse serverors of State
Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ACVOC ES IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE

04/27/2007 05:00

CK: 1752 CT: 171497 BH: 1850259

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