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ARTICLES OF ORGANIZATION 11 LIMITED LIABILITY COMPANY

STATE (Instructions on back of application)

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STATE OF	OANTAIR

1.	TO TUAHO"		DAHOA	/ <u>C</u>
	The name of the limited liability company	is: CDS T		
2.	The address of the initial registered office	i s : 210 L∈	ewis Street, Suite C,	
	Ketchum, Idaho 83340			
	agent at that address is: Samuel S.	Slater	- and the name of the initial reg	istered
3.	The mailing address for future corresponder	nce: P.O.	Box 2675, Ketchum, Id	laho
	83340-2675			
4.	Management of the limited liability company	will be veets	ad in:	
••				
	Manager(s) 🔯 or Member(s) 🗌 . (please ch	eck 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 members, list the name(s) and address(es) of at least one initial member.			
	Name		Address	
	Samuel S. Slater	D O Dov	2675 Water Table	
•		F.O. BOX	2675, Ketchum, Idaho 83340-26	75
•				
-				
-				
-				
- 3. 3	Signature of at least one person responsible	for forming to	he limited liability company:	
- 5. :	Signature of at least one person responsible	for forming t	he limited liability company:	
- - 5. :	Jakot	for forming t		
- 5. :	Signature of at least one person responsible	· · · · · · · · · · · · · · · · · · ·	Secretary of State use only	
5.	Jakot	e for forming ti	Secretary of State use only IDAHO SECRETARY OF STATE	
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