

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

STATE OF TOLLARD

(Instructions on back of application)

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1.	The name of the limited liability company	/ is	s: <u>Hami</u>	mæ i	r and	Nai	18	LLL	.c.	
2.	The address of the initial registered office is: 4597 Deerflat Rd.									
	<u>Kuna, Id. 83634</u> and the name of the initial registered agent at that address is: <u>Russell Nelson</u>									
	agent at that address is:kussell Ne	; I 8	son							·
	Signature of registered agent :									
3.	Management of the limited liability compar	пу v	will be v	este	ed in:					
	Manager(s) or Member(s) . (please	chec	ck the appro	opria	te box)					
	· · · · · · · · · · · · · · · · · · ·									
4.	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) an address(es) of at least one initial member. Name Address									
	Val Brady		1901	Ge	mini	Dr.	Nan	npa,	Id.	83651
	David Fernau		26 S.	. F	loney	Nam	pa,	Id.	836	37
										
									·	
5.	Signature of at least one person responsible for forming the limited liability company:									
	Sund let									
	Russen Nesson, organizer			8		Se	cretary	of State	use only	
	, 0			Revised 2/99		IDA	HO SEC	retary	OF STAT	TE.
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