

Capacity:

ARTICLES OF ORGANIZATION

X 36.1	DRGANIZATION LITY COMPANY ack of application) ompany is: SECRETARY OF
(Instructions on ba	ack of application)
1. The name of the limited liability co	ompany is: STATE OF DAYLORS registered office is:
BOLD PAINTING LLC	STATE OF S
2. The street address of the initial re	gistered office is:
106 N. FRONT ST, TROY, ID 8	
and the name of the initial register SCOTT M. MINER	red agent at the above address is:
3. The mailing address for future cor	respondence is:
PO BOX 155, TROY, ID 83871	
4. Management of the limited liability	y company will be vested in:
Manager(s) or Member(s)	
- 18	and ar mara managar(a) list the name(a) and
address(es) of at least one initial	one or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member. Address
address(es) of at least one initial member(s), list the name(s) and a	manager. If management is to be vested in the address(es) of at least one initial member.
address(es) of at least one initial member(s), list the name(s) and a	manager. If management is to be vested in the address(es) of at least one initial member. Address
address(es) of at least one initial member(s), list the name(s) and a Name SCOTT M. MINER	manager. If management is to be vested in the address(es) of at least one initial member. Address 106 N. FRONT ST, TROY, ID 83871
address(es) of at least one initial member(s), list the name(s) and a Name SCOTT M. MINER	manager. If management is to be vested in the address(es) of at least one initial member. Address 106 N. FRONT ST, TROY, ID 83871 615 S.E. BIRCH AVE, COLLEGE PLACE, WA
address(es) of at least one initial member(s), list the name(s) and a Name SCOTT M. MINER	manager. If management is to be vested in the address(es) of at least one initial member. Address 106 N. FRONT ST, TROY, ID 83871 615 S.E. BIRCH AVE, COLLEGE PLACE, WA
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address(es) of at least one initial member(s), list the name(s) and a Name SCOTT M. MINER JEFF J. MINER	manager. If management is to be vested in the address(es) of at least one initial member. Address 106 N. FRONT ST, TROY, ID 83871 615 S.E. BIRCH AVE, COLLEGE PLACE, WA 99324
address(es) of at least one initial member(s), list the name(s) and a Name SCOTT M. MINER JEFF J. MINER 6. Signature of at least one person recognitions.	manager. If management is to be vested in the address(es) of at least one initial member. Address 106 N. FRONT ST, TROY, ID 83871 615 S.E. BIRCH AVE, COLLEGE PLACE, WA 99324 responsible for forming the limited liability company:
address(es) of at least one initial member(s), list the name(s) and a Name SCOTT M. MINER JEFF J. MINER 6. Signature of at least one person resignature:	manager. If management is to be vested in the address(es) of at least one initial member. Address 106 N. FRONT ST, TROY, ID 83871 615 S.E. BIRCH AVE, COLLEGE PLACE, WA 99324 responsible for forming the limited liability company:
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address(es) of at least one initial member(s), list the name(s) and a Name SCOTT M. MINER JEFF J. MINER 6. Signature of at least one person resignature: Typed Name: SCOTT M. MINER Capacity: Managing Member	manager. If management is to be vested in the address(es) of at least one initial member. Address 106 N. FRONT ST, TROY, ID 83871 615 S.E. BIRCH AVE, COLLEGE PLACE, WA 99324 responsible for forming the limited liability company:
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