



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2005 OCT -6 AM 8:55

SECRETARY OF STATE

1. The name of the limited liability company is:

The Martinsek Group L.L.C.

2. The street address of the initial registered office is:

113B Main Street, Cascade ID 83611

and the name of the initial registered agent at the above address is:

Todd J. Martinsek

3. The mailing address for future correspondence is:

P.O. Box 1690 Cascade ID. 83611

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

Todd Martinsek

P.O.Box 1690, Cascade ID 83611

Peggy Martinsek

P.O. Box 1690, Cascade ID 83611

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Todd J. Martinsek

Typed Name: Todd J. Martinsek

Capacity: Principal

Signature: _____

Typed Name: _____

Capacity: _____

Secretary of State use only

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