

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY 2005 NOV

SECRETARY SECRETARY

	(Instructions of	on back of application)	SFC DCT. 17 2:08
1.	The name of the limited liabilit	ty company is:	SECRETARY OF STATE STATE OF IDAHO
	EXOTIC TANS, LLC		
2.	The street address of the initial registered office is:		
	222 EAST 200 SOUTH BURLEY, IDAHO 83318		
	and the name of the initial regi	istered agent at the above	e address is:
3.	The mailing address for future correspondence is:		
	222 EAST 200 SOUTH BUI	•	
4.	Management of the limited liability company will be vested in:		
	Manager(s)  or Member(		
1	address(es) of at least one initi member(s), list the name(s) an	in one or more manager( ial manager. If managem nd address(es) of at least	ent is to be vested in the
1	address(es) of at least one initi	ial manager. If managem nd address(es) of at least	ent is to be vested in the
1	address(es) of at least one initi member(s), list the name(s) an Name	ial manager. If managem nd address(es) of at least	ent is to be vested in the one initial member.  Address
1	address(es) of at least one initi member(s), list the name(s) an Name	ial manager. If managem nd address(es) of at least	ent is to be vested in the one initial member.  Address
1	address(es) of at least one initimember(s), list the name(s) an Name  DARREN FUNK	ial manager. If management address(es) of at least	ent is to be vested in the one initial member.  Address  SOUTH BURLEY, ID. 83318
6. \$	address(es) of at least one initimember(s), list the name(s) an Name  DARREN FUNK  Signature of attleast one person	ial manager. If management address(es) of at least  222 EAST 200 S	ent is to be vested in the one initial member.  Address  SOUTH BURLEY, ID. 83318
6. S	address(es) of at least one initimember(s), list the name(s) an Name  DARREN FUNK  Signature of attleast one person ignature:	ial manager. If management address(es) of at least  222 EAST 200 S  Thresponsible for forming	ent is to be vested in the one initial member.  Address  SOUTH BURLEY, ID. 83318
6. S Si	address(es) of at least one initimember(s), list the name(s) an Name  DARREN FUNK  Signature of attleast one person	ial manager. If management address(es) of at least  222 EAST 200 S  Thresponsible for forming	ent is to be vested in the one initial member.  Address  SOUTH BURLEY, ID. 83318  the limited liability company:
6. S Si	address(es) of at least one initimember(s), list the name(s) an Name  DARREN FUNK  Signature of atteast one person signature:  yped Name: DARREN FUNK	ial manager. If management address(es) of at least  222 EAST 200 S  Thresponsible for forming	ent is to be vested in the one initial member.  Address  SOUTH BURLEY, ID. 83318  the limited liability company:
6. Si	address(es) of at least one initimember(s), list the name(s) and Name  DARREN FUNK  Signature of atteast one person ignature:  yped Name: DARREN FUNK  apacity: MEMBER  ignature	ial manager. If management address(es) of at least  222 EAST 200 S  Thresponsible for forming	ent is to be vested in the one initial member.  Address  SOUTH BURLEY, ID. 83318  the limited liability company:
6. Si Si Ci Si Ty	Signature of arteast one person ignature:  DARREN FUNK  DARREN FUNK  Signature of arteast one person ignature:  DARREN FUNK  DARREN FUNK  MEMBER	ial manager. If managem nd address(es) of at least  222 EAST 200 S  Presponsible for forming  Sed transportation and address (es) of at least	ent is to be vested in the one initial member.  Address  SOUTH BURLEY, ID. 83318  the limited liability company:  Secretary of State use only

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