

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY 006 SEP -8 AM 9:31

10 P	(Instructions on back		OFFICE OF STATE
1. T	he name of the limited liability comp		CRETARY OF STATE STATE OF IDAHO
	SNAKE RIVER CUSTOM HOMES	· ·	
2. T	he street address of the initial regist	ered office is:	
;	526 PARKWAY CIRCLE TWIN	FALLS IDAHO 83301	
a:	nd the name of the initial registered	agent at the above addre	ess is:
	TRAVIS SPEERS		
3. T	he mailing address for future corresp	oondence is:	
	P O BOX 163 TWIN FALLS	IDAHO 83301	
4. N	lanagement of the limited liability co	mpany will be vested in:	
	Manager(s) or Member(s) (please check the appropriate box)		
	management is to be vested in one		- •
	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
	TRAVIS SPEERS	526 PARKWAY CIRC	•
		TWIN FALLS IDAHO	83301 .
	MARGIE SPEERS	SAME AS ABOVE	
•		•	
		onsible for forming the lir	mited liability company:
	ignature of at least one person resp	•	
Si	ignature of at least one person response		nited liability company:
Si _!	ignature of at least one person resp		
Si Ty Ca	ignature of at least one person responsiture: TRAVIS SPEERS Papacity: MANAGER		
Si Ty Ca	ignature of at least one person respondence: Season		
Signal Si	ignature of at least one person responsiture: TRAVIS SPEERS Papacity: MANAGER	•	Secretary of State use only IDAHO SECRETARY OF

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