## FILED EFFECTIVE



Typed Name: Claud Grove

Signature \_\_\_\_\_\_\_Typed Name: \_\_\_\_\_\_

Capacity: Member

Capacity:

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

700, July - 1 AM 8: 56

1. The name of the limited liability company is: J.C. Helicopter Services LLC 2. The street address of the initial registered office is: 891 Bodie Canyon Road, Priest River, Idaho 83856 and the name of the initial registered agent at the above address is: Claud Grove 3. The mailing address for future correspondence is: P. O. Box 1401, Priest River, ID 83856 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 Claud Grove P. O. Box 1401 Priest River, Idaho 83856 6. Signature of at least one person responsible for forming the limited liability company: Signature:

Secretary of State use only

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