

Capacity:

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY 15 AM 8.

ARTICLES OF C	PILED EFFECTIVE COMPANY 15 AM 8: 55
(Instructions on ba	ack of application) SECRETARY
The name of the limited liability co	ompany is: SECRETARY OF STATE STATE OF IDAHO
Western Heritage LLC	ompany is.
The street address of the initial reg	nistered office is:
70 W Rocky Road Industrial Loc	-
and the name of the initial register Harley Wilcox	eu agent at the above address is:
The mailing address for future corr	·
PO Box 362 Victor, Idaho 83455	
Management of the limited liability	company will be vested in:
•	•
· · · · · · · · · · · · · · · · · · ·	(please check the appropriate box) one or more manager(s), list the name(s) and
If management is to be vested in o address(es) of at least one initial n	(please check the appropriate box)
If management is to be vested in o address(es) of at least one initial n member(s), list the name(s) and a	(please check the appropriate box) one or more manager(s), list the name(s) and manager. If management is to be vested in the ddress(es) of at least one initial member.
If management is to be vested in o address(es) of at least one initial n member(s), list the name(s) and a Name	(please check the appropriate box) one or more manager(s), list the name(s) and nanager. If management is to be vested in the ddress(es) of at least one initial member. Address
If management is to be vested in o address(es) of at least one initial n member(s), list the name(s) and a Name	(please check the appropriate box) one or more manager(s), list the name(s) and nanager. If management is to be vested in the ddress(es) of at least one initial member. Address
If management is to be vested in o address(es) of at least one initial n member(s), list the name(s) and a Name	(please check the appropriate box) one or more manager(s), list the name(s) and nanager. If management is to be vested in the ddress(es) of at least one initial member. Address
If management is to be vested in o address(es) of at least one initial n member(s), list the name(s) and a Name	(please check the appropriate box) one or more manager(s), list the name(s) and nanager. If management is to be vested in the ddress(es) of at least one initial member. Address
If management is to be vested in o address(es) of at least one initial n member(s), list the name(s) and a Name	(please check the appropriate box) one or more manager(s), list the name(s) and nanager. If management is to be vested in the ddress(es) of at least one initial member. Address
If management is to be vested in o address(es) of at least one initial n member(s), list the name(s) and a Name	(please check the appropriate box) one or more manager(s), list the name(s) and nanager. If management is to be vested in the ddress(es) of at least one initial member. Address
If management is to be vested in o address(es) of at least one initial n member(s), list the name(s) and a Name Harley Wilcox	(please check the appropriate box) one or more manager(s), list the name(s) and nanager. If management is to be vested in the ddress(es) of at least one initial member. Address
If management is to be vested in o address(es) of at least one initial numember(s), list the name(s) and a Name Harley Wilcox Signature of at least one person resignature:	(please check the appropriate box) one or more manager(s), list the name(s) and manager. If management is to be vested in the ddress(es) of at least one initial member. Address 51 E 400 S Victor, ID 83455
If management is to be vested in o address(es) of at least one initial numer member(s), list the name(s) and an example. Name Harley Wilcox Signature of at least one person resignature: Typed Name: Harley Wilcox	(please check the appropriate box) one or more manager(s), list the name(s) and manager. If management is to be vested in the ddress(es) of at least one initial member. Address 51 E 400 S Victor, ID 83455
If management is to be vested in o address(es) of at least one initial numer member(s), list the name(s) and an example. Name Harley Wilcox Signature of at least one person resignature:	(please check the appropriate box) one or more manager(s), list the name(s) and manager. If management is to be vested in the ddress(es) of at least one initial member. Address 51 E 400 S Victor, ID 83455
If management is to be vested in o address(es) of at least one initial numember(s), list the name(s) and an Name Harley Wilcox Signature of at least one person resignature: Typed Name: Harley Wilcox	(please check the appropriate box) one or more manager(s), list the name(s) and manager. If management is to be vested in the ddress(es) of at least one initial member. Address 51 E 400 S Victor, ID 83455

1 0 100.00 = 108.00 ORGAN LLC # 2

W56259