

## ARTICLES OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY MAR 12 AM 9: 00

(Instructions on back of application)

1.	The name of the limited liability compa	SECRETARY OF STATE STATE OF IDAHO	
2.	The street address of the initial registe 2460 Titleist Way, Post Falls, Idaho		
	and the name of the initial registered a Timothy Riorden	agent at the above address is:	
3.	The mailing address for future corresp 2460 Titleist Way, Post Falls, Idaho		
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	
	Timothy Riorden	2460 Titleist Way, Post Falls, Idaho, 83854	
6. Signature of at least one person responsible for forming the limited liability company:			
	Signature: Timothy Riorden	Secretary of State use only	
	Capacity: Member		
	Signature Typed Name: Capacity:	IDAHO SECRETARY OF STATE  #3/13/2007 #5=60  CK: 6066 CT: 202062 BH: 1039456  1 0 100.00 = 100.00 ORGAN LLC # 2	