

## **ARTICLES OF ORGANIZATION** LIMITED LIABILITY COMPANY 08 JAN -2 PM 3: 49

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		LIMITED LIAI	F ORGANIZAT BILITY COMPA on back of application)	NY 08 JAN -2 PM 3: 49	FECTIVE
1.		ame of the limited liabi	lity company is:	SECRETARY OF STATE STATE OF IDAHO	
2.	The street address of the initial registered office is:  177 N. Bannock, Glenns Ferry, Idaho 83623				
	-	e name of the initial rec Crane	gistered agent at the al	pove address is:	
3.	The mailing address for future correspondence is: PO Box 1112, Glenns Ferry, Idaho 83623				
4.	The limited liability company will be:  Manager-managed or Member-managed (please check the appropriate box)				
5.	If manager-managed, list the name(s) and address(es) of at least one initial manager.  If member-managed, list the name(s) and address(es) of at least one initial member.				
		<u>Name</u>		<u>Address</u>	
		n Crane		PO Box 1112, Glenns Ferry, Idaho 83623 PO Box 1112, Glenns Ferry, Idaho 83623	
	Alan	Crane	PO Box 1112.		
				Glerins Perry, Idano 63623	
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				Gierris Perry, Idanio 63623	
6.	Signate	ure of at least one pers		ming the limited liability company:	
		01		ning the limited liability company:	
	Signatu Typed N	re: James B. Alder	son responsible for forr		
	Signatu Typed N	01	son responsible for forr	ning the limited liability company:	
	Signatu Typed N Capacit	Name: James B. Alder y: Attorney/Organizer	son responsible for form	ming the limited liability company:  Secretary of State use only	
	Signatu Typed N Capacit	re: James B. Alder	son responsible for form	ming the limited liability company:  Secretary of State use only	IATE 5 <b>2 0</b> 0