



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

06 OCT 18 PM 2:51

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Restorer of Broken Walls L.L.C.

2. The street address of the initial registered office is:

5434 Pegasus Wy Boise, ID 83716

and the name of the initial registered agent at the above address is:

Chizette Parlor

3. The mailing address for future correspondence is:

P.O. Box 44514 Boise, Idaho 83704

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
<u>Chizette Parlor</u>	<u>P.O. Box 44514 Boise, Idaho 83704</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Chizette Parlor  
 Typed Name: Chizette Parlor  
 Capacity: Manager

Signature \_\_\_\_\_  
 Typed Name: \_\_\_\_\_  
 Capacity: \_\_\_\_\_

Secretary of State use only

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Revised 07/2002

IDAHO SECRETARY OF STATE  
 10/18/2006 05:00  
 CK: 941353 CT: 172099 BH: 980859  
 1 @ 100.00 = 100.00 ORGAN LLC # 2

Web Form

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