



# ARTICLES OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2005 APR -1 AM 8:56

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Elk Country Outpost, L. L. C.

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

159 Main Street, Elk City, ID 83525

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

Michele Marie Adams

3. The mailing address for future correspondence is:

P.O. Box 178, Elk City, ID 83525

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>Michele Marie Adams</u> | <u>P. O. Box 178, Elk City, ID 83525</u> |
| <u> </u>                   | <u> </u>                                 |
| <u> </u>                   | <u> </u>                                 |
| <u> </u>                   | <u> </u>                                 |
| <u> </u>                   | <u> </u>                                 |

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

Signature: *Michele Marie Adams*

Typed Name: Michele Marie Adams

Capacity: Member

Signature:  

Typed Name:  

Capacity:  

Secretary of State use only

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04/01/2005 05:00  
CK: 1833 CT: 187459 BH: 882899  
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