

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

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	(Instructions on back of application)	OF STATE
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1. T	The name of the limited liability company is:	
	La ilyano II C	
2. 1	The street address of the initial registered office is.	
:	and the name of the initial registered agent at the above address is:	
	Langifer Smith	
3.	The mailing address for future correspondence is.	
•	- At St Emmett, ID 63011	
	4. Management of the limited liability company will be vost	
•	or Mamber(S)	
	Manager(s) List the name(s)	and in the
5	Manager(s) of Member 1997  5. If management is to be vested in one or more manager(s), list the name(s) address(es) of at least one initial manager. If management is to be vested address(es) of at least one initial member	
	address(es) of at least one	11
	member(s), list the name(s) and address(00)	\ <b>\</b>
	member(s), list tile risks (s) Address	
	Name  819 E. Main St Emmett, ID 8361	
	member(s), list the risks.	
	Name  819 E. Main St Emmett, ID 8361	
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	Name  819 E. Main St Emmett, ID 8361	
	Name  819 E. Main St Emmett, ID 8361	
	Name  Sennifer Smith  Jennifer Smith  Manue  819 E. Main St Emmett, ID 8361	7
	Name  Sennifer Smith  Jennifer Smith  Manue  819 E. Main St Emmett, ID 8361	7
	Name  Signature of at least one person responsible for forming the limited liability secretary of secretary o	7
	Name  Signature of at least one person responsible for forming the limited liability of the state of the stat	7
	Name  Name  Signature of at least one person responsible for forming the limited liability of signature:  Signatur	7
	Name  Name  Signature of at least one person responsible for forming the limited liability of signature:  Signatur	lity company:
	Name  Name  Signature of at least one person responsible for forming the limited liability of signature:  Signatur	lity company:  f State use only  IDANO SECRETARY OF STATE
	Jennifer Smith  Signature of at least one person responsible for forming the limited liability of the state o	lity company:  State use only  TROWN SECRETARY OF STATE