



**ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

**FILED EFFECTIVE**

2006 JAN -6 AM 9:09

SECRETARY OF STATE  
STATE OF IDAHO

- 1. The name of the limited liability company is:**

**KC Comforts LLC**

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

**340 River Street #100 Ketchum, ID 83340**

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

## Karlyle Christensen

- 3. The mailing address for future correspondence is:**

**PO Box 962 Sun Valley, ID 83353**

- 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**

## Karlyle Christensen

**PO Box 962 Sun Valley, ID 83353**

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

Signature: Karyl O'Neil

Typed Name: Karlyle Christensen

**Capacity: owner**

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

**Capacity:** \_\_\_\_\_

Secretary of State use only

Revised 07/2002

Web Form

IDAHO SECRETARY OF STATE  
01/06/2006 05:00  
CK: 1413 CT: 195654 BH: 930634  
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