ARTICLES OF O	ORGANIZATION	FILED EFFECTIVE
LIMITED LIABIL	LITY COMPANY	07 SEP -6 AM 8: 30
(Instructions on ba	ack of application)	SECRETARY OF STATE
1. The name of the limited liability	company is:	STATE OF IDAHO
Elite Industrial Sciences L.L.C.	:	
2. The street address of the initial n	egistered office is:	· · · ·
1512 N Stevens Dr #B Idaho	Falls, ID 83401	
and the name of the initial registe	ered agent at the above ad	dress is:
Jeffrey D. Wegener		· · · · · · · · · · · · · · · · · · ·
3. The mailing address for future co	prrespondence is:	a a secondar a secondar Secondar a secondar a s
1512 N Stevens Dr #B Idaho	Falls, ID 83401	
4. The limited liability company will	be:	
		e check the appropriate box)
Manager-managed or Men 5. If manager-managed, list the nar If member-managed, list the nam	• •	· · · · · · · · · · · · · · · · · · ·
5. If manager-managed, list the nar	ne(s) and address(es) of at	· · · · · · · · · · · · · · · · · · ·
5. If manager-managed, list the nar If member-managed, list the nar	ne(s) and address(es) of at	least one initial member.
5. If manager-managed, list the nar If member-managed, list the nam <u>Name</u>	ne(s) and address(es) of at A 1512 N Stevens Dr #	least one initial member. ddress
 If manager-managed, list the nar If member-managed, list the nam <u>Name</u> Jeffrey D. Wegener 	ne(s) and address(es) of at A 1512 N Stevens Dr #	least one initial member. ddress B Idaho Falls, ID 83401
 If manager-managed, list the nar If member-managed, list the nam <u>Name</u> Jeffrey D. Wegener 	ne(s) and address(es) of at A 1512 N Stevens Dr #	least one initial member. ddress B Idaho Falls, ID 83401
 If manager-managed, list the nar If member-managed, list the nam <u>Name</u> Jeffrey D. Wegener 	ne(s) and address(es) of at A 1512 N Stevens Dr #	least one initial member. ddress B Idaho Falls, ID 83401
 5. If manager-managed, list the name life member-managed, list the name Name Jeffrey D. Wegener Kimberly Wegener Kimberly Wegener 6. Signature of at least one person Signature:	responsible for forming the	least one initial member. ddress B Idaho Falls, ID 83401 B Idaho Falls, ID 83401
 5. If manager-managed, list the name life member-managed, list the name Name Jeffrey D. Wegener Kimberly Wegener Kimberly Wegener 6. Signature of at least one person Signature:	responsible for forming the	least one initial member. ddress B Idaho Falls, ID 83401 B Idaho Falls, ID 83401 Idaho Falls, ID 83401