



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

DAVE WILSON, LLC

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

110 WALLACE AVENUE, COEUR D'ALENE, IDAHO 83814

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

ARTHUR M. BISTLINE

3. The mailing address for future correspondence is:

POST OFFICE BOX 634, ATHOL, IDAHO 83801

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
DAVE WILSON	PO BOX 634 ATHOL ID 83801

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

Signature: *Dave Wilson*

Typed Name: DAVE WILSON

Capacity: MEMBER

Signature: _____

Typed Name: _____

Capacity: _____

Secretary of State use only

g:\corpforms\LLC\form\startoforganization.pdf
Revised 07/2002

IDAHO SECRETARY OF STATE
07/19/2004 05:00
CK: 4462 CT: 78960 IN: 756223
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W31952

FILED EFFECTIVE