## APSTICLES OF ORGANIZATION 8 55 LIMITED LIABILITY COMPANY Jul 16 (Instructions on back of application)



	SECTATE
١.	The name of the limited liability company is:
<u>.</u> .	The address of the initial registered office is: 24007 Highway 20/26, Parma, ID,  (not a PO Box)  and the name of the initial registered
	agent at that address is: Dr. Edward G. Johnson
	Signature of registered agent :
3.	Is management of the limited liability company vested in a manager or managers?  Yes No (check appropriate box)
4.	If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one initial member.  Name:  Address:  24007 Highway 20/26  Dr. Edward G. Johnson  Parma, ID 83660
	P. O. Box 275  Jeffery S. Johnson Parma, ID 83660
	rather 10 common
	)
ı	
5.	Signature of at least one person listed in #5 above:
-	Dr. Edward G. Johnson
	IDANO SECRETARY OF STATE
	61 416 41 99 A 9 66 CK: 2172 CT: 788 M: 73523
,	1 8 100.00 = 100.00 ORGAN LLC
	t pure