

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

04 MAY 27 PM 12: 52

SECRETARY OF STATE

	The name of the limited liability compa	any is:	STATE OF IDAHO
	Octobersbest, LLC		
	The street address of the initial registe	ered office is:	
	9601 W. State Street, Suite 203, Bo		
	and the name of the initial registered a		ress is:
	Alberto Cariaga		
,	The mailing address for future correspondence is:		
).	9601 W. State Street, Suite 203, Bo		
4.	Management of the limited liability co		
	Manney (a) Let or Momber(s)	(please check the appropria	te dox)
	Manager(s)		
5.	If management is to be vested in one address(es) of at least one initial mar member(s), list the name(s) and additional management is to be vested in one address(es) and additional management is to be vested in one address(es) and additional management is to be vested in one address(es) and additional management is to be vested in one address(es) and additional management is to be vested in one address(es) of at least one initial management is to be vested in one address(es) of at least one initial management is to be vested in one address(es) of at least one initial management is to be vested in one address(es) of at least one initial management is to be vested in one address(es) of at least one initial management is to be vested in one address(es) of at least one initial management is to be vested in one address (es) of at least one initial management is to be vested in one address (es) of at least one initial management is to be vested in one address (es) of at least one initial management is to be vested in one address (es) of at least one initial management is to be vested in one address (es) of at least one initial management is to be vested in one address (es) of a decorate in the initial management is to be vested in one address (es) of a decorate in the initial management is to be vested in one address (es) of a decorate in the initial management is to be vested in one address (es) of a decorate in the initial management is to be vested in one address (es) of a decorate in the initial management is to be vested in the initial management is to be vested in one address (es) of a decorate in the initial management is to be vested in t	nager. If management is	S to be vested in the
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	If management is to be vested in one address(es) of at least one initial mar member(s), list the name(s) and addiname Name Alberto Cariaga	9601 W. State Stree	Address t, Suite 203, Boise, ID 8371
	If management is to be vested in one address(es) of at least one initial mar member(s), list the name(s) and addiname Name Alberto Cariaga Signature of at least one person responses	9601 W. State Stree	Initial member. Address t, Suite 203, Boise, ID 8371
	If management is to be vested in one address(es) of at least one initial mar member(s), list the name(s) and addiname Name Alberto Cariaga Signature of at least one person responsible to the street of the stre	9601 W. State Stree	Address t, Suite 203, Boise, ID 8371
	If management is to be vested in one address(es) of at least one initial mar member(s), list the name(s) and addinate Name Alberto Cariaga Signature of at least one person responsible to the signature: Typed Name:	9601 W. State Stree	Initial member. Address t, Suite 203, Boise, ID 8371
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