

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTION 2003 JUL 21 AM 10: 00

(Instructions on back of application)

STATE OF IDALO

and the name of the initial registered agent at the above address is: KRIS J. WEBSTER The mailing address for future correspondence is: P.O. BOX 624 KETCHUM, TD 83340 Management of the limited liability company will be vested in: Manager(s) or Member(s) (x) (please check the appropriate box) If management is to be vested in one or more manager(s), list the name(s) and address(es) or 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 KRIS J. WEBSTER P.O. BOX 624 KETCHUM, ID 83340 6. Signature of at least one person responsible for forming the limited liability company: Signature: Signature of at least one person responsible for forming the limited liability company: Typed Name: KRIS WEBSTER Capacity: MEMBER	. The name of the limited liability compan	y is:
and the name of the initial registered agent at the above address is: KRIS J. WEBSTER The mailing address for future correspondence is: P.O. BOX 624 KETCHUM, ID 83340 Management of the limited liability company will be vested in: Manager(s) or Member(s) (please check the appropriate box) If management is to be vested in one or more manager(s), list the name(s) and address(es) or 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 KRIS J. WEBSTER P.O. BOX 624 KETCHUM, ID 83340 6. Signature of at least one person responsible for forming the limited liability company:	EYEBALL DEVELOPMENT, LLC	
and the name of the initial registered agent at the above address is: KRIS J. WEBSTER 3. The mailing address for future correspondence is: P.O. BOX 624 KETCHUM, ID 83340 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) or 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 KRIS J. WEBSTER P.O. BOX 624 KETCHUM, ID 83340 6. Signature of at least one person responsible for forming the limited liability company:	2. The street address of the initial registere	ed office is:
The mailing address for future correspondence is: P.O. BOX 624 KETCHUM, ID 83340 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) or 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 KRIS J. WEBSTER P.O. BOX 624 KETCHUM, ID 83340 6. Signature of at least one person responsible for forming the limited liability company:	121 COYOTE BLUFF BLAIN	E COUNTY, ID 83333
The mailing address for future correspondence is: P.O. BOX 624 KETCHUM, ID 83340 4. Management of the limited liability company will be vested in: Manager(s) or Member(s) X (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) or 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 KRIS J. WEBSTER P.O. BOX 624 KETCHUM, ID 83340 6. Signature of at least one person responsible for forming the limited liability company:	and the name of the initial registered age	ent at the above address is:
3. The mailing address for future correspondence is: P.O. BOX 624 KETCHUM, ID 83340 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) or 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		
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) or 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		
4. Management of the limited liability company will be vested in: Manager(s) or Member(s) (x) (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) or 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 KRIS J. WEBSTER P.O. BOX 624 KETCHUM, ID 83340 6. Signature of at least one person responsible for forming the limited liability company:		
Manager(s) or Member(s) (x) (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) or 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 KRIS J. WEBSTER P.O. BOX 624 KETCHUM, ID 83340 6. Signature of at least one person responsible for forming the limited liability company:		
5. If management is to be vested in one or more manager(s), list the name(s) and address(es) or 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 KRIS J. WEBSTER P.O. BOX 624 KETCHUM, ID 83340 6. Signature of at least one person responsible for forming the limited liability company:	 Management of the limited liability comp 	oany will be vested in:
address(es) or 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 KRIS J. WEBSTER P.O. BOX 624 KETCHUM, ID 83340 6. Signature of at least one person responsible for forming the limited liability company:	Manager(s)	(please check the appropriate box)
KRIS J. WEBSTER P.O. BOX 624 KETCHUM, ID 83340 6. Signature of at least one person responsible for forming the limited liability company:	address(es) or at least one initial manag member(s), list the name(s) and addres	ger. If management is to be vested in the ss(es) of at least one initial member.
6. Signature of at least one person responsible for forming the limited liability company:	Name	
Cignoture	KRIS J. WEBSTER	P.O. BOX 624 KETCHUM, ID 83340
Cignoture		
Cignoture		
Signature: 1		
Cianatura:		
Signature: 1		
Cignoture:		
Signature:	6. Signature of at least one person respon	nsible for forming the limited liability company:
Typed Name: KRIS WEBSTER Capacity: MEMBER Signature CK: 1416 CT: 171691	Signature:	Secretary of State use only
Capacity: MEMBER IDAHO SECRETARY OF Signature CK: 1416 CT: 171691	Typed Name: <u>KRIS_WEBSTER</u>	d'uojpez
IDAHO SECRETARY OF	Capacity: <u>MEMBER</u>	oforgani
Signature		IDAHO SECRETARY OF STAT
Typed Name: 1 9 190.00 = 190.00 [CK: 1416 CT: 171691 BH: 6 CK: 1416 CT: 17169
Typed Name: Type		Revi

W 25189