## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company	the Company tell
2. The street address of the initial registere	d office is:  DRSIM TO 83639
and the name of the initial registered agent at the above address is:	
3. The mailing address for future correspon	dence is:  Oursin To 83639
4. Management of the limited liability company will be vested in:	
Manager(s) or Member(s) (please check the appropriate box)	
<ol> <li>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.</li> </ol>	
Name	Address
Jason D. Sells 8	144 Hay 95 11 bresing, 20
6. Signature of at least one person responsible for forming the limited liability company:	
Signature: Julian Marie	Scorter of State
Typed Name: Hingeligu Claps Capacity: Owner	
Capacity. Ovor woo	and the second s
Signature	IDAHO SECRETARY OF STATE
Typed Name:	IDAHO SECRETARY OF STATE
Capacity:	1 9 20.80 = 29.88 CORP SUR # 3 1 9 20.80 = 29.88 EXPEDITE C # 4

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