

## **ARTICLES OF ORGANIZATION** LIMITED LIABILITY COMPANY

			- Fig.
	ARTICLES O	F ORGANIZATION	2006 NOV 15 AM 8: 47
	LIMITED LIAI	BILITY COMPANY	FE
+61.	(Instructions o	on back of application)	2006 NOV 15 AH 8: 47
. The name	of the limited liabilit	ty company is:	OCCOCTARY UE STATE
Cash Flo	ow Connection LLC		SECRETATION DAHO
. The street	address of the initia	al registered office is:	
34 Blue	Spruce Lane, Casca	ade, ID 83611	
and the na	ıme of the initial regi	istered agent at the above ac	ddress is:
Linda L.	Thacker		
3. The mailin	g address for future	correspondence is:	
34 Blue	Spruce Lane, Casca	ade, ID 83611	
	ent of the limited liab	pility company will be vested	in:
Managem			
Manager(s  If manager address(es	s) of at least one initi	in one or more manager(s), lial manager. If management	list the name(s) and
Manager(s  If manager address(es	ment is to be vested s) of at least one initi	in one or more manager(s),	list the name(s) and
Manager(s  If manager address(es	ment is to be vested s) of at least one initi ), list the name(s) an	in one or more manager(s), ial manager. If management nd address(es) of at least one	list the name(s) and is to be vested in the initial member.
Manager(s If manager address(es member(s	ment is to be vested s) of at least one initi ), list the name(s) an	in one or more manager(s), ial manager. If management nd address(es) of at least one	list the name(s) and is to be vested in the e initial member.
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Manager(s  If manager address(es member(s)  Linda L.  Signature of	ment is to be vested s) of at least one initi ), list the name(s) an Name Thacker	in one or more manager(s), ial manager. If management nd address(es) of at least one	list the name(s) and is to be vested in the initial member.  Address ne, Cascade, ID 83611
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Manager(s  If manager address(e) member(s)  Linda L.  Signature of Signature	ment is to be vested s) of at least one initi ), list the name(s) an Name Thacker  of at least one persone: Unda L. Thacker	in one or more manager(s), ial manager. If management address(es) of at least one  34 Blue Spruce Lar  on responsible for forming the	list the name(s) and t is to be vested in the e initial member.  Address  ne, Cascade, ID 83611  e limited liability company:  Secretary of State use only
Manager(s  If manager address(es member(s)  Linda L.  Signature  Signature  Typed Name Capacity: M	ment is to be vested s) of at least one initi ), list the name(s) an Name  Thacker  of at least one persone: Unda L. Thacker lanager	in one or more manager(s), ial manager. If management address(es) of at least one  34 Blue Spruce Lar  n responsible for forming the	list the name(s) and t is to be vested in the e initial member.  Address  ne, Cascade, ID 83611  e limited liability company:  Secretary of State use only
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