

Capacity:

ARTICLES OF ORGANIZATIONILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

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<u> </u>	(instructions of back c	
1.	The name of the limited liability compa	any is: SECRETARY OF STATE STATE OF IDAHO
		orod office is:
2 . '	The street address of the initial registe	ered onice is.
	3004 Silver St, Boise, ID 83703	
	and the name of the initial registered a	agent at the above address is:
	Evelyn Perkins	
3.	The mailing address for future corresp	pondence is:
	3004 Silver St, Boise, ID 83703	
4	Management of the limited liability co	mpany will be vested in:
	Manager(s) ☐ or Member(s) ✓	
	manager(a) [] or member(a) [Anagen arrangment makeraki men anara
5.	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.	
	Name	Address
	Clayton Perkins	3004 Silver St, Boise, ID 83703
	Evelun Perkins	"
		
6	Signature of at least one person resp	consible for forming the limited liability company:
	Signature: Welly Le Velley	Secretary of State use only
,	Typed Name: Evelyn Perkins	9
	Capacity: owner	Wayas a
		IDAHO SECRETARY OF STATE 96/29/2007 05:0 88 CK: 178 CT: 214941 BH: 1863
	Signature	5
	Typed Name:	