

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

07 SEP 13 AM 8: 40 SECRETARY

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1.	The name of the limited liability company is:	STATE OF IDAHO
	American Independent Movement, LLC	
2.	The street address of the initial registered office is:	
	3502 N. 3000 E., Twin Falls, Idaho 83301	
		oove address is:
	and the name of the initial registered agent at the ab	ove address is.
	Mitch R. Campbell	
3.	The mailing address for future correspondence is:	
	P.O. Box 1785 Twin Falls, Idaho 83303	
4.	Management of the limited liability company will be	vested in:
	Manager(s) or Member(s) (please check to	the appropriate box)
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
	Mitch R Campbell PO Box	1785 Twin Falls, ID 83303
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6.	. Signature of at least one person responsible for form	ming the limited liability company:
	Signature: Mitch h. Campbell	Secretary of State use only
	Typed Name: Mitch R. Campbell	Control
	Capacity: Organizer / Manager	
	Signature	72002 72002
	Typed Name:	IDAHO SECRETARY OF STATE 99/13/2007 05:0
	Capacity:	\$2 09/13/2007 05:0 CX: 3565 CT: 147106 BH: 10754
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