

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

		(Instruc	ctions on back	ofapplication	1)	SFORMS PH 12: 40
1.		ne of the limited Ears Express, L		pany is:		SECTION STATE OF THE STATE OF T
2.		et address of th	***	tered office is:		
		d Oregon RD		gs, ID 83276		
	and the	name of the init			****	dress is:
3.	The mail	ling address for	future correst	oondence is:		
		d Oregon RD		as ID 83276		
4.	Manager	ment of the limit		······································		J ·
	Manager		ember(s)	(please check t		
	auu.c55(:	es) of at least of	ne initial mana	or more manag ager. If manag	rement i	e to be vested in the
	member(es) of at least of s), list the name Name Peterson	ne initial mana	ager. If manag ess(es) of at le	gement i	e to be vested in the
	member(es) of at least of s), list the name	ne initial mana	ager. If manag ess(es) of at le	gement i	s to be vested in the initial member. Address
1	Cynthia	es) of at least of s), list the name Name Peterson	ne initial mana	ager. If managess(es) of at le	gement i	s to be vested in the initial member. Address Soda Springs ID, 83276
6. S	Cynthia Signature	es) of at least of s), list the name Name Peterson	ne initial mana	ager. If managess(es) of at le	gement i	s to be vested in the initial member. Address Soda Springs ID, 83276 mited liability company:
6. S Sig	Cynthia Signature gnature:	of at least one per control of	Derson respon	ager. If managess(es) of at le	gement i	s to be vested in the initial member. Address Soda Springs ID, 83276
6. S Sig Ty Ca	Cynthia Cynthia Signature gnature: vped Nam apacity:	of at least one position of at least one posit	person respon	ager. If managess(es) of at le	gement in a second control of the ling the line line line line line line line lin	s to be vested in the initial member. Address Soda Springs ID, 83276 mited liability company:
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