

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY 27 M 9: 59

	(Instructions on back	K or application)
1.	The name of the limited liability com	npany is:
	WILLIAM V. LOWRY & SONS TR	UCKING, LLC
2.	The street address of the initial regis	stered office is:
	4510 INVERNESS DRIVE, POST	FALLS, ID 83854
	and the name of the initial registered	d agent at the above address is:
	WILLIAM V. LOWRY, JR.	
3.	The mailing address for future corres	spondence is:
	4510 INVERNESS DRIVE, POST	FALLS, ID 83854
4.	Management of the limited liability co	ompany will be vested in:
	Manager(s) or Member(s)	(please check the appropriate box)
	address(es) of at least one initial ma	e or more manager(s), list the name(s) and anager. If management is to be vested in the dress(es) of at least one initial member. Address
	WILLIAM V. LOWRY, JR.	4510 INVERNESS DRIVE
		POST FALLS, ID 83854
	BILLIE L. LOWRY	4510 INVERNESS DRIVE
	BILLIE L. LOWRY	POST FALLS, ID 83854
	BILLIE L. LOWRY	- A Land Control of the Control of t
	BILLIE L. LOWRY	- A Land Control of the Control of t
		POST FALLS, ID 83854
	Signature of at least one person res	POST FALLS, ID 83854 ponsible for forming the limited liability company:
	Signature of at least one person res	ponsible for forming the limited liability company:
	Signature of at least one person res	ponsible for forming the limited liability company:
	Signature of at least one person responses Signature: WILLIAM V. LOWRY, Capacity: MEMBER	ponsible for forming the limited liability company:
	Signature of at least one person res Signature:	ponsible for forming the limited liability company: