



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
2006 MAY 24 AM 8:53

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

RP1, LLC

2. The street address of the initial registered office is:

318 Pine St., Sandpoint, ID 83864

and the name of the initial registered agent at the above address is:

Robert Leroy Story

3. The mailing address for future correspondence is:

318 Pine St., Sandpoint, ID 83864

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check 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
<u>Robert Leroy Story</u>	<u>318 Pine St., Sandpoint, ID 83864</u>
<u>Patricia Gale Story</u>	<u>318 Pine St., Sandpoint, ID 83864</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Robert Leroy Story  
 Typed Name: Robert Leroy Story  
 Capacity: Member

Signature: Patricia Gale Story  
 Typed Name: Patricia Gale Story  
 Capacity: Member

Secretary of State use only

9-korpfirmsLLCformsandorganization.pdf  
Revised 07/2002

IDAHO SECRETARY OF STATE  
 05/24/2006 05:00  
 CK: 2733 CT: 97492 BH: 956473  
 1 @ 100.00 = 100.00 ORGAN LLC # 2

Web Form

W51007