

## **ARTICLES OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

Capacity:

2005 JUN	22	AM	9: 2
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<b>B</b> 12	(Instructions on back of	of application)	SECRETARY THE STREET
1.	The name of the limited liability comp	any is:	SECRETARY OF STATE STATE OF ICMHO
	CERTIFIED PROFESSIONAL RES		
_			
2.	The street address of the initial registe		
	2015 E COMISKY CT MERIDIAN I	ID 83642	
	and the name of the initial registered	agent at the abo	ve address is:
	RYAN W RASMUSSEN		
3.	The mailing address for future corresp	pondence is:	
	2015 E COMISKY CT MERIDAN I		
4	Management of the limited liability co		ested in:
<b>-</b> ₹.	Manager(s) ✓ or Member(s)	1	appropriate box)
	ivialiagei(s) [v] of ivietimei(s)	I thionae chock the	- appropriate and y
5.	If management is to be vested in one	or more manage	er(s), list the name(s) and
	address(es) of at least one initial mar member(s), list the name(s) and address	nager. It manage ress(es) of at lea	ement is to be vested in the est one initial member.
	• •	1000(00) 01 01 101	Address
	Name		Address
	RYAN W RASMUSSEN	1447 W 600 I	N
		PLEASANT (	BROVE UT 84062
	SAMUEL V D'Arc	2015 E COM	SKY CT MERIDAN ID 83642
6	Signature of at least one person resp	onsible for form	ing the limited liability company:
Ų.	Signature: 150 W. Tom		Secretary of State use only
	Typed Name: RYAN W RASMUSSE	N gorbeg	occional, or otato and oran,
	71	182	
	Capacity: MANAGER	- I	W51961
	Capacity: MANAGER	skartsoforgan	TRAIN PERPETADY BE STATE CH
	Capacity: MANAGER  Signature  Typed Name:	Z:	IDAHO SECRETARY OF STATE COM-  D6/22/2006 05=00  CK: 1607 CT: 201641 BH: 961366  1 0 100.00 = 100.00 ORGAN LLC