

ARTICLES OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2005 SEP. LL 441 8: 59

(Instructions on back of application)

1.	The name of the limited liability comp	any is:	STATE OF STATE STATE OF STATE
2.	The street address of the initial registered office is: 1811 Spruce St., Sandpoint, ID 83864		
	and the name of the initial registered a	agent at the above add	ress is:
3.	The mailing address for future correspondence is: PO Box 764, Sandpoint, ID 83864		
4.	Management of the limited liability company will be vested in:		
	Manager(s) ☐ or Member(s) ✓	(please check the appropriat	e 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	me Address	
	Paul R. Graves	PO Box 764, Sandpo	int, ID 83864
6.	Signature of at least one person responsible for forming the limited liability company:		
	Signature: Saul Quares Secretary of State use only		
	Typed Name: Paul R. Graves		
	Capacity: Owner	soloigan	
	Signature	эππ s kart: 2002	
	Typed Name:	ormst.L.C.forms	IDAHO SECRETARY OF STATE
	Capacity:	corptorms/LLC forms/artsoforganization p65	09/14/2005 05:06 CK: 7871 CT: 92178 BH: 911492 1 8 188 BB = 188 BB DRSAN H.C.