

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

16 AM - 8 PH 4:01

E in		(Instructions o	n back of	application)		STATE UF TOAH	0
1.	The name	of the limited liabilit	y compai	ny is:			
		Capital Partners, L					Single Simple
2	The street address of the initial registered office is:						
۷.	6550 W. Emerald Street, Suite 110, Boise, ID 83704						
	and the name of the initial registered agent at the above address is: Andrew Fales						
							<u> </u>
3.	The mailing address for future correspondence is:						
	6550 W.	Emerald Street, Su	uite 110,	Boise, ID 83	704		
4.	Managem	nent of the limited liab	bility com	pany will be v	vested in:		
	Manager(s) or Member(s) (please check the appropriate box)						
5.	address(e	ement is to be vested es) or at least one ini	itial mana	ager. If manag	gement is t	o be vested in the	•
5.	address(e	es) or at least one ini s), list the name(s) a	itial mana	ager. If manag	gement is t	o be vested in the	•
5.	address(e member(s	es) or at least one ini s), list the name(s) a	itial mana Ind addre	ager. If managess(es) of at le	gement is t east one in	o be vested in the itial member.	
5.	address(e member(s	es) or at least one ini s), list the name(s) a Name	itial mana Ind addre	ager. If managess(es) of at le	gement is t east one in	o be vested in the itial member. Address	
5.	address(e member(s	es) or at least one ini s), list the name(s) a Name	itial mana Ind addre	ager. If managess(es) of at le	gement is t east one in	o be vested in the itial member. Address	
5.	address(e member(s	es) or at least one ini s), list the name(s) a Name	itial mana Ind addre	ager. If managess(es) of at le	gement is t east one in	o be vested in the itial member. Address	
5.	address(e member(s	es) or at least one ini s), list the name(s) a Name	itial mana Ind addre	ager. If managess(es) of at le	gement is t east one in	o be vested in the itial member. Address	
5.	address(e member(s	es) or at least one ini s), list the name(s) a Name	itial mana Ind addre	ager. If managess(es) of at le	gement is t east one in	o be vested in the itial member. Address	
	Fales, L	es) or at least one ini s), list the name(s) a Name Litster & Co., LLC	itial mana	6550 6550 \	gement is teast one in	o be vested in the itial member. Address d St., Ste 110, Bo	oise, ID 8
	Fales, L	es) or at least one inis), list the name(s) and Name Litster & Co., LLC	itial mana	6550 6550 \	gement is teast one in	nited liability com	pise, ID 8
	Fales, L Signature:	es) or at least one inis), list the name(s) and Name Litster & Co., LLC	itial mana ind addre	6550 6550 V	gement is the ast one in the seast one i	o be vested in the itial member. Address d St., Ste 110, Bo	pise, ID 8
	Fales, L	es) or at least one inis), list the name(s) and Name Litster & Co., LLC	itial mana ind addre	6550 6550 V	gement is the ast one in the seast one i	nited liability com	pise, ID 8
	Fales, L Signature: Typed Nar	es) or at least one inis), list the name(s) and Name Litster & Co., LLC	itial mana ind addre	6550 6550 V	gement is the ast one in the seast one i	nited liability com	pany:
	Signature: Typed Nar Capacity: Fall	es) or at least one inis), list the name(s) and name Name Litster & Co., LLC e of at least one personal me: Andrew from name in the control of the contr	son respo	6550 6550 V	gement is the ast one in the seast one i	nited liability com	pany:
	Signature: Typed Nar Capacity: Fall	e of at least one pers e of at least one pers me: Manual Andrew in the manual in the pers me: Manual Andrew in the manual in the pers me: Manual Institute in the pers me:	son respo	6550 6550 V	gement is teast one in	mited liability complete liability liabi	pany:

W 22195