

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

## FILED EFFECTIVE

2007 APR 30 AM 10: 5

SECRETARY OF STATE

1.	The name of the limited liability compa	any is:	STATE OF IDAHO	
2.	The street address of the initial registered office is:  2750 Skyline Drive, Twin Falls, Idaho 83301			
	and the name of the initial registered agent at the above address is:  William F. May			
3.	The mailing address for future correspondence is:  2750 Skyline Drive, Twin Falls, Idaho 83301			
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		
	William F. and Shauna May	2750 Skyline Dr., Twin Falls, ID	83301	
	Jessica Daniels	4729 Ranch Dr., Colorado Sprin	gs, CO 80918	
6.	Signature of at/least one personnesponsions  Signature: John O. Fitzgerald, III  Capacity: Organizer  Signature  Typed Name:	Secretary of Secre	State use only  IDAHO SECRETARY OF STATE  /30/2007 05:00	
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