

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

06 FEB -3 PM 4: 15

1.	The name of the limited liability compa	any is:		SECRETARY OF STATE STATE OF IDAHO
2.	The street address of the initial registered office is:			
	1615 Kastle Falls Meridian, ID, 83642			
	and the name of the initial registered agent at the above address is:  Jared Troy Mortensen			
3.	The mailing address for future correspondence is:  1615 Kastle Falls Meridian, ID, 83642			
4.	Management of the limited liability company will be vested in:			
	Manager(s) ✓ or Member(s)	(please ched	k the appropriate	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			Address
	Jared Troy Mortensen	1615 Kastle Falls Meridian, ID, 83642		
	Jill Banks Mortensen	1615 Kast	ie Fails Me	ridian, ID, 83642
6.	Signature of at least one person responsible for forming the limited liability company:			
	Typed Name: Jared Troy Mortensen	Sed ucaspun	nization.p65	Secretary of State use only
	Capacity: Owner		nskartsoforga 002	W47165
	Typed Name: Jill Banks Mortensen	Endl K.	corpylomes'L.C.formes'erboforgenizabon.p65 Revised 07/2002	IDAHO SECRETARY OF STATE  92/93/2096 95:0
	Capacity: Owner			CK: 720426 CT: 172099 BH: 93 1 0 100.00 = 100.00 ORGAN LL