

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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	STAIL
 The name of the limited liability company is: 	· ·
INTENTIONAL MAJIK, LLC	
2. The street address of the initial registered office is:	
178 N 150 W, Blackfoot, ID 83221	
and the name of the initial registered agent at the abo	ove address is:
-	
	ested in:
Manager(s) ☐ or Member(s) ✓ (please check th	e appropriate box)
 If management is to be vested in one or more manag address(es) of at least one initial manager. If manage member(s), list the name(s) and address(es) of at least 	ement is to be vested in the
Name	Address
Elizabeth Jean Batchelar 178 N 150 W	, Blackfoot, ID 83221
	i
6. Signature of at least one/person responsible for form	ing the limited liability company:
Signature Elisabeth flan Batchelas	Secretary of State use only
Typed Name: Zlizabeth Jean Batchelar	
Capacity: Member	
Signature	E IDANO SECRETARY OF STATE
Typed Name:	IDANO SECRETARY OF STATE 92/14/2005 05:00 CK: 104 CT: 186096 BH: 793078 1 0 100.00 = 100.00 ORGAN LLC # 7
Capacity:	2 1 0 100.00 = 100.00 ORGAN LLC # 2
2. 3. 4. 5.	INTENTIONAL MAJIK, LLC The street address of the initial registered office is: 178 N 150 W, Blackfoot, ID 83221 and the name of the initial registered agent at the about Elizabeth Jean Batchelar The mailing address for future correspondence is: 178 N 150 W, Blackfoot, ID 83221 Management of the limited liability company will be volumed to make the limited liability company will be volumed address (es) of at least one initial manager. If managementer(s), list the name(s) and address (es) of at least one initial manager. If managementer(s), list the name(s) and address (es) of at least one initial manager. If managementer(s), list the name(s) and address (es) of at least one initial manager. If managementer(s), list the name(s) and address (es) of at least one initial manager. If managementer(s), list the name(s) and address (es) of at least one initial manager. If managementer(s), list the name(s) and address (es) of at least one initial manager. If managementer(s), list the name(s) and address (es) of at least one initial manager. If managementer(s), list the name(s) and address (es) of at least one initial manager. If managementer(s), list the name(s) and address (es) of at least one initial manager. If managementer(s), list the name(s) and address (es) of at least one initial manager. If managementer(s), list the name(s) and address (es) of at least one initial manager. If managementer(s) and address (es) of at least one initial manager. If managementer(s) and address (es) of at least one initial manager. If managementer(s) and address (es) of at least one initial manager. If managementer(s) and address (es) of at least one initial manager. If managementer(s) and address (es) of at least one initial manager. If managementer(s) and address (es) of at least one initial manager. If managementer(s) and address (es) of at least one initial manager. If managementer(s) and address (es) of at least one initial manager. If managementer(s) and address (es) of at least one initial manager. If managementer(s) and a

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