



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

07 OCT 22 AM 8:30

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Apocalypse, LLC

2. The street address of the initial registered office is:

419 South Main Street, Troy Idaho 83871

and the name of the initial registered agent at the above address is:

Christopher Manning

3. The mailing address for future correspondence is:

419 South Main Street, PO Box 265, Troy Idaho 83871

4. The limited liability company will be:

Manager-managed ☐ or Member-managed ☒ (please check the appropriate box)

5. If manager-managed, list the name(s) and address(es) of at least one initial manager.
If member-managed, list the name(s) and address(es) of at least one initial member.

Name

Address

Christopher Manning

419 South Main Street, Troy Idaho 83871

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Christopher Manning

Typed Name: Christopher Manning

Capacity: _____

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

g:\corp\forms\LLC form\articlesoforganization.pdf
Revised 05/2007

IDAHO SECRETARY OF STATE

10/22/2007 05:00

CK: 1392 CT: 216801 BH: 1881638

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Web Form

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