

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY HAR II PM 4: 32

WOLLDY.	(Instructions on b	pack of application)	SECRETARY OF STATE
1. The nam	e of the limited liability c	company is:	STATE OF IDAHO
	Living LLC		
2. The stree	t address of the initial re	egistered office is:	
11675 V	V. Mesquite Dr. Boise, I	ID 83713	
and the n	ame of the initial register	red agent at the above	address is:
	ıs R. Amold		
3. The mailir	ng address for future con	respondence is:	
	V. Mesquite Dr. Boise, II		
4. Managem	ent of the limited liability	v company will be veste	ed in:
	s) or Member(s)		
5. If manage address(e	ment is to be vested in o s) of at least one initial m	ne or more manager(s nanager if manageme	s), list the name(s) and
address(e	ment is to be vested in o s) of at least one initial m), list the name(s) and ad Name	nanager, if manageme	ent is to be vected in the
member(s	s) or at least one initial m), list the name(s) and ad	nanager. If manageme ddress(es) of at least o	ent is to be vested in the one initial member.
member(s	s) or at least one initial m), list the name(s) and ad Name	nanager. If manageme ddress(es) of at least o	ent is to be vested in the one initial member. Address
member(s	s) or at least one initial m), list the name(s) and ad Name	nanager. If manageme ddress(es) of at least o	ent is to be vested in the one initial member. Address
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Nicholau:	s) or at least one initial m), list the name(s) and ac Name s R. Arnold	nanager. If management ddress(es) of at least of at le	ent is to be vested in the one initial member. Address ite Dr. Boise, ID 83713
Nicholau:	s) or at least one initial m), list the name(s) and ac Name s R. Arnold If at least one person res	nanager. If management ddress(es) of at least of at le	ant is to be vested in the one initial member. Address ite Dr. Boise, ID 83713 The limited liability company:
Nicholaus Signature of Signature:	s) or at least one initial m), list the name(s) and ac Name s R. Arnold If at least one person res	nanager. If management ddress(es) of at least of at le	ent is to be vested in the one initial member. Address ite Dr. Boise, ID 83713
Nicholaus Signature of Signature:	s) or at least one initial m), list the name(s) and ac Name S.R. Arnold If at least one person res Nicholaus R Arnold	nanager. If management ddress(es) of at least of at le	ent is to be vested in the one initial member. Address ite Dr. Boise, ID 83713 The limited liability company: Secretary of State use only WANGE
Nicholaus Nicholaus Signature of Signature: Typed Name Capacity: Pr	s) or at least one initial m), list the name(s) and ac Name S.R. Arnold If at least one person res Nicholaus R Arnold	11675 W. Mesqui	ant is to be vested in the one initial member. Address ite Dr. Boise, ID 83713 The limited liability company:
Nicholau Nicholau Signature of Signature: Typed Name Capacity: Pr	s) or at least one initial m), list the name(s) and ac Name S.R. Arnold If at least one person res Nicholaus R Arnold	11675 W. Mesqui	ent is to be vested in the one initial member. Address ite Dr. Boise, ID 83713 The limited liability company: Secretary of State use only WANGE