



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2007 JAN 29 AM 10: 05

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Kimkaps LLC

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

5200 Spring Lane Emmett, Id

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

Kimberly Larson

3. The mailing address for future correspondence is:

5200 Spring Lane, Emmett, Id, 83617

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
<u>Kimberly Larson</u>	<u>5200 Spring Lane, Emmett, Id, 83617</u>
<u>Shad Larson</u>	<u>5200 Spring Lane, Emmett, Id, 83617</u>
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6. Signature of at least one person responsible for forming the limited liability company:

Signature: Kimberly Larson

Typed Name: Kimberly Larson

Capacity: Manager

Signature: Shad Larson

Typed Name: Shad Larson

Capacity: Manager

Secretary of State use only

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