

| ARTIC | LES OF ORGA | ANIZATION COMPANY | FILED/EFFEC |
|--|---|--|--|
| (In | structions on back of a | pplication) | The Contract of the Contract o |
| . The name of the limited | iability company is: _ | VALLEY AIRPORT | LIC STATE OF GARAGE |
| . The address of the initial 83311 | registered office is: | 1050 E. 980 S | ., Albion, Idaho |
| agent at that address is: _ | George M. Kelley | and the n | ame of the initial registere |
| The mailing address for fut | ure correspondence : _ | P O Box 2 | 5, Albion, Idaho |
| Management of the limited | liability company will be | e vested in: | |
| Manager(s) | er(s) . (please check the a | DDrooriate hox\ | |
| | | | |
| | ted in one or more man | | me(s) and address(es) of mbers, list the name(s) an |
| If management is to be ves at least one initial manager. address(es) of at least one | ted in one or more man | ager(s), list the na e vested in the med Address | nbers, list the name(s) an |
| If management is to be ves at least one initial manager. address(es) of at least one Name | ted in one or more man | ager(s), list the na e vested in the med Address P O Box 25, | mbers, list the name(s) an |
| If management is to be ves at least one initial manager. address(es) of at least one Name George M. Kelley | ted in one or more man | ager(s), list the na e vested in the med Address P O Box 25, | nbers, list the name(s) an |
| If management is to be ves at least one initial manager. address(es) of at least one Name George M. Kelley | ted in one or more man | ager(s), list the na e vested in the med Address P O Box 25, | mbers, list the name(s) an |
| If management is to be ves at least one initial manager. address(es) of at least one Name George M. Kelley Bill Kelley | ted in one or more man If management is to be initial member. | ager(s), list the nate vested in the mental Address P O Box 25, P O Box 575, | Albion, Id. 83311 Albion, Id. 83311 |
| If management is to be ves at least one initial manager. address(es) of at least one Name George M. Kelley Bill Kelley Signature of at least one pers | ted in one or more man If management is to be initial member. | Address POBox 25, POBox 575, POBox 575, | Albion, Id. 83311 Albion, Id. 83311 Albion, Id. 83311 pility company: |
| If management is to be ves at least one initial manager. address(es) of at least one Name George M. Kelley Bill Kelley Signature of at least one pers | ted in one or more man If management is to be initial member. | Address POBox 25, POBox 575, POBox 575, POBox 575, Address A | Albion, Id. 83311 Albion, Id. 83311 Albion, Id. 83311 Albion, Id. 83311 Cility company: CHARTY OF STATE CRETARY OF STATE |
| If management is to be ves at least one initial manager. address(es) of at least one Name George M. Kelley Bill Kelley Signature of at least one pers | ted in one or more man If management is to be initial member. | Address P O Box 25, P O Box 575, P O Box 575, Secretary Secreta | Albion, Id. 83311 Albion, Id. 83311 Albion, Id. 83311 Sility company: Petary of State use only CRETARY OF STATE (2001 09:08 |