

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY 198 29 All 8:41

	(Instructions on bac	k of application)	6 23 hii 8:41
1.	The name of the limited liability com	npany is:	Control DAHO
	Sun Valley Ultimate S	ervices, LLC	
2.	The street address of the initial registered office is:		
	205 Bluebell Drive, Elkhorn at Sun Valley, ID 83353		
	and the name of the initial registered	l agent at the above addre	ss is:
	Debra Steur		
3.	The mailing address for future correspondence is:		
	P.O. Box 2361 Sun Valle	ey, ID 83353	
4.	Management of the limited liability company will be vested in:		
	Manager(s) or Member(s) (please check the appropriate box)		
	If management is to be vested in one or more manager(s), list the name(s) and address(es) or 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.		
	monibor(5), list the name(s) and addi	ess(es) of at least one initi	al member.
	Name		al member. Address
	Name	P.O. Box 2361	Address
	Name Debra Steur	P.O. Box 2361 Sun Valley, ID	83353
	Name Debra Steur	P.O. Box 2361 Sun Valley, ID P.O. Box 6809	83353
	Name Debra Steur	P.O. Box 2361 Sun Valley, ID P.O. Box 6809	83353
6. \$	Name Debra Steur Page Klune Signature of at least one person responses	P.O. Box 2361 Sun Valley, ID P.O. Box 6809 Ketchum, ID 833	83353 40
6. S	Name Debra Steur Page Klune	P.O. Box 2361 Sun Valley, ID P.O. Box 6809 Ketchum, ID 833	83353 40
6. S Si T <u>Y</u> Ci	Page Klune Signature of at least one person response ignature: yped Name: Debra Steur apacity: Member ignature	P.O. Box 2361 Sun Valley, ID P.O. Box 6809 Ketchum, ID 833	83353 40 sed liability company:
6. \$ \$ \$ T \cdot C \cdot S \cdot T \cdot C \cdot T \cdot C \cdot T \cdot C \cdot C \cdot T \cdot C \cd	Name Debra Steur Page Klune Signature of at least one person response perso	P.O. Box 2361 Sun Valley, ID P.O. Box 6809 Ketchum, ID 833 Onsible for forming the limit	83353 40 ed liability company:

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