



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

1. The name of the limited liability company is:

Party Time LLC

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

1275 cabin cove idaho falls, id. 83404

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

111. Scott Olsen

3. The mailing address for future correspondence is:

1275 cabin cove idaho falls, id. 83404

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>M. Scott Olsen</u>	<u>1275 cabin cove IF ID 83404</u>
<u>Amy D. Olsen</u>	<u>1275 cabin cove IF ID. 83404</u>
_____	_____
_____	_____
_____	_____

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

Signature: [Signature]
 Typed Name: Scott Olsen
 Capacity: Owner / manager

Signature: _____
 Typed Name: _____
 Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 02/25/2005 05:00
 CK: 1836 CT: 186476 BH: 795245
 1 @ 100.00 = 100.00 ORGAN LLC # 2
 1 @ 20.00 = 20.00 CORP SUR # 3

W 37092