ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY (Instructions on back of application) 07 OCT 24 PH 4: 10 (Instructions on back of application) 07 OCT 24 PH 4: 10 (Instructions on back of application) 07 OCT 24 PH 4: 10 SECRETARY OF STATE STATE OF IDAHO 2. The street address of the initial registered office is: 13510 N. 4th Ave. Hidden Springs, ID 83714 and the name of the initial registered agent at the above address is: ANDREW KIRK 3. The mailing address for future correspondence is: 13510 N. 4th Ave. Hidden Springs, ID 83714 4. Management of the limited liability company will be vested in: Manager(s) or Member(s) (please check the appropriate box)				
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KIRK FRANK, LLC       STATE OF IDAHO         2. The street address of the initial registered office is:       13510 N. 4th Ave. Hidden Springs, ID 83714         and the name of the initial registered agent at the above address is:       ANDREW KIRK         3. The mailing address for future correspondence is:       13510 N. 4th Ave. Hidden Springs, ID 83714         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         ANDREW KIRK       13510 N. 4th Ave. Hidden Springs, ID 83714		(Instructions on ba	ack of application)	07 0CT 24 PM 4:10
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KIMBERLY FRANK       13510 N. 4th Ave. Hidden Springs, ID 83714	5. If mana address	gement is to be vested in o s(es) of at least one initial n r(s), list the name(s) and a	one or more manager(s), list nanager. If management is	the name(s) and to be vested in the itial member.
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Signature:     Image: Secretary of State use only       Typed Name     ANDREW KIRK       Capacity:     President	<ul> <li>5. If mana address member</li> <li><u>ANDR</u></li> <li><u>KIMBE</u></li> <li>6. Signature Typed National Signature</li> </ul>	gement is to be vested in o s(es) of at least one initial n r(s), list the name(s) and ac Name EW KIRK ERLY FRANK The of at least one person resources ame ANDREW KIRK	one or more manager(s), list nanager. If management is ddress(es) of at least one in <u>13510 N. 4th Ave. Hid</u> <u>13510 N. 4th Ave. Hid</u>	the name(s) and to be vested in the itial member. Address Iden Springs, ID 83714 Iden Springs, ID 83714
Typed Name ANDREW KIRK Capacity: <u>President</u>	<ol> <li>If mana address member <u>ANDR</u> <u>KIMBI</u></li> <li>Signature Typed Na Capacity</li> </ol>	gement is to be vested in o s(es) of at least one initial m r(s), list the name(s) and ac Name EW KIRK ERLY FRANK ERLY FRANK	one or more manager(s), list nanager. If management is ddress(es) of at least one in <u>13510 N. 4th Ave. Hid</u> <u>13510 N. 4th Ave. Hid</u> sportsible for forming the lim	the name(s) and to be vested in the itial member. Address Iden Springs, ID 83714 Iden Springs, ID 83714 Iden Springs, ID 83714 Secretary of State use only
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