

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

## FILED EFFECTIVE

07 SEP -5 AM 8: 22

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the limited liability company is:  AZTLAN, LLC
2.	The street address of the initial registered office is:  1824 BLUE LAKES BLVD NORTH, TWIN FALLS, ID 83301
	and the name of the initial registered agent at the above address is:  RODOLFO ARMENTA
3.	The mailing address for future correspondence is:  1824 BLUE LAKES BLVD NORTH, TWIN FALLS, ID 83301
4.	The limited liability company will be:  Manager-managed or Member-managed (please check the appropriate box)
5.	If manager-managed, list the name(s) and address(es) of at least one initial manager.  If member-managed, list the name(s) and address(es) of at least one initial member.  Name  Address
6	Signature: Robolfo ARMENTA  Signature: Robolfo ARMENTA  Capacity: MEMBER  Signature  Sig
	Typed Name:   75