

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY 07 NOV 30 AM 8: 56

	DTICLES O	F ORGANIZATIO	ON VY 07 NOV 30 AM 8: 56 SECRETARY OF STATE	
			DIV ODWOW	K _K
			VY 07 NOV 30 AM 8: 56	~C
	(Instructions o	on back of application)	SECRETARY OF STATE	
The name	of the limited liab	pility company is:	STATE OF IDAHO	
AMMON	COMMERCIAL PI	LAZA, LLC		-
The street	address of the ini	itial registered office is:		
242 E 7T	H N #6, REXBUR	G, ID 83440		
and the na	me of the initial re	egistered agent at the above	ve address is:	•
	ALL	STORES SAN TORES OF THE SAN TH	70 dda1000 10.	
				•
	-	re correspondence is:		
242 E 71	H N #6, REXBUR	G, ID 83440		•
The limited	d liability company	will be:		
THE III III C				
Manager-r If manager	r-managed, list the		(please check the appropriate box)) of at least one initial manager,) of at least one initial member.	•
Manager-r	r-managed, list the	e name(s) and address(es) of at least one initial manager	•
Manager-r	r-managed, list the -managed, list the Name	e name(s) and address(es name(s) and address(es)	s) of at least one initial manager of at least one initial member.	•
Manager-r If manager If member	r-managed, list the -managed, list the Name	e name(s) and address(es name(s) and address(es)	e) of at least one initial manager of at least one initial member. Address	•
Manager-r If manager If member	r-managed, list the -managed, list the Name	e name(s) and address(es name(s) and address(es)	e) of at least one initial manager of at least one initial member. Address	•
Manager-r If manager If member	r-managed, list the -managed, list the Name	e name(s) and address(es name(s) and address(es)	e) of at least one initial manager of at least one initial member. Address	•
Manager-r If manager If member	r-managed, list the -managed, list the Name	e name(s) and address(es name(s) and address(es)	e) of at least one initial manager of at least one initial member. Address	
Manager-r If manager If member	r-managed, list the -managed, list the Name	e name(s) and address(es name(s) and address(es)	e) of at least one initial manager of at least one initial member. Address	
Manager-r If manager If member	r-managed, list the -managed, list the Name	e name(s) and address(es name(s) and address(es)	e) of at least one initial manager of at least one initial member. Address	
Manager-r If manager If member	r-managed, list the -managed, list the Name	e name(s) and address(es name(s) and address(es)	of at least one initial manager of at least one initial member. Address REXBURG, ID 83440	
Manager-r If manager If member	r-managed, list the -managed, list the Name	e name(s) and address(es name(s) and address(es)	e) of at least one initial manager of at least one initial member. Address	
Manager-r If manager If member BRIAN B	r-managed, list the managed, list the Name ALL of at least one per	e name(s) and address(es) name(s) and address(es) 242 E 7TH N #6	of at least one initial manager of at least one initial member. Address REXBURG, ID 83440	
If manager BRIAN B	of at least one per	e name(s) and address(es) name(s) and address(es) 242 E 7TH N #6	of at least one initial manager of at least one initial member. Address REXBURG, ID 83440 ag the limited liability company:	
Manager-r If manager If member BRIAN B	of at least one per	e name(s) and address(es) name(s) and address(es) 242 E 7TH N #6	of at least one initial manager of at least one initial member. Address REXBURG, ID 83440 ag the limited liability company:	
If manager If manager If manager If member If	of at least one per BRIAN BALL Member.	e name(s) and address(es name(s) and address(es) 242 E 7TH N #6	of at least one initial manager of at least one initial member. Address REXBURG, ID 83440 ag the limited liability company:	TE = OA
If manager If manager If member If m	of at least one per	e name(s) and address(es) name(s) and address(es) 242 E 7TH N #6	of at least one initial manager of at least one initial member. Address REXBURG, ID 83440 ag the limited liability company:	TE # 90 987648