

## **ARTICLES OF ORGANIZATION** LIMITED LIABILITY COMPANY

	OF TO	(Instructions on bac	ck of application)	410 UU 25 AH 8: 24	
1.	The name	of the limited liability cor	mpany is:		
2.	The street	The street address of the initial registered office is:			
	1783 Bitterroot Drive, Twin Falls ID 83301				
	and the name of the initial registered agent at the above address is:				
	Roderick L Johnson				
3.	The mailing address for future correspondence is:				
	828 Blue Lakes Blvd N., Twin Falls ID 83301				
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			Address	
	Roderick	L Johnson	1783 Bitterroot Drive, Twin Falls ID 83301		
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				A A A A A A A A A A A A A A A A A A A	
6.	Signature	of at leastone person re	sponsible for forming	the limited liability company:	
	Signature:	Mila		Secretary of State use only	
	Typed Name: Roderiek L Johnson				
	Capacity: <u>N</u>	/lember	soforganı		
	Signature		prytomsell,C formselsoforganization p65 Ravised 07/2002	TRANS SESSEE OF STATE	
		e:	omstLLCformst	IDAHO SECRETARY OF STATE 10/25/2005 05:0 CK: 1005 CT: 193567 BH: 918	
	Capacity: _		orp/to	1 @ 100.00 = 100.80 ORGAN LL	

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