

## **ARTICLES OF ORGANIZATION** LIMITED LIABILITY COMPANY 03 0CT -8 PM 12: 41

	(Instructions on back	of applica	tion)	SECRETARY OF STATE
1.	The name of the limited liability comp	pany is:		STATE OF IDAHO
	Peak Framing IIc			
2.	The street address of the initial regist	ered office	e is:	
	22348 Duff Lane Middleton ID 8364			
2	and the name of the initial registered a	agent et th	a obovo s	
	Luke Christiansen	ayent at tr	ie above a	address is:
				***************************************
3. 1	The mailing address for future correspondence is:			
	22348 Duff Lane Middleton ID 8364	14		
<b>4</b> . N	Management of the limited liability con	npany will	be vested	d in:
N	Manager(s) or Member(s)	(please cl	heck the appro	opriate box)
а	management is to be vested in one of ddress(es) of at least one initial management (a)	ager. If ma	anagemer	nt is to be vested in the
а	management is to be vested in one of ddress(es) of at least one initial mana nember(s), list the name(s) and addre	ager. If ma	anagemer	nt is to be vested in the
а	ddress(es) of at least one initial mana nember(s), list the name(s) and addre	ager. If ma	anagemer at least or	nt is to be vested in the ne initial member.
а	ddress(es) of at least one initial mana nember(s), list the name(s) and addre	ager. If ma	anagemer at least or	nt is to be vested in the ne initial member.  Address
а	ddress(es) of at least one initial mana nember(s), list the name(s) and addre	ager. If ma	anagemer at least or	nt is to be vested in the ne initial member.  Address
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а	ddress(es) of at least one initial mana nember(s), list the name(s) and addre	ager. If ma	anagemer at least or	nt is to be vested in the ne initial member.  Address
a n	ddress(es) of at least one initial mana nember(s), list the name(s) and addre Name  Luke Christiansen	ager. If ma	anagemer at least or Duff Lar	nt is to be vested in the ne initial member.  Address  ne, Middleton, ID 83644
a n 6. Sig	ignature:	ager. If ma	anagemer at least or Duff Lar	nt is to be vested in the ne initial member.  Address  ne, Middleton, ID 83644  e limited liability company:
a n - - 6. S Sig Ty	ignature of at least one person responsed Name:  Luke Christiansen	ager. If ma	anagemer at least or Duff Lar	nt is to be vested in the ne initial member.  Address  ne, Middleton, ID 83644
a n - - 6. S Sig Ty	ignature:	ager. If ma	anagemer at least or Duff Lar	nt is to be vested in the ne initial member.  Address  ne, Middleton, ID 83644  e limited liability company:
a n 6. Sig Ty Ca	ignature of at least one person responsed Name:  Luke Christiansen  ignature of at least one person responsed Name:  Luke Christiansen	ager. If ma	anagemer at least or Duff Lar	e limited liability company:
a n 6. S Sig Ty Ca Sig	ignature of at least one person responsed Name:  Luke Christiansen	ager. If ma	anagemer at least or Duff Lar	nt is to be vested in the ne initial member.  Address  ne, Middleton, ID 83644  e limited liability company:

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