




ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED

99 SEP -2 AM 9:04

1. The name of the limited liability company is: J.T. Damian Co., LLC
SECRETARY OF STATE
STATE OF IDAHO
2. The address of the initial registered office is: 1890 2nd Avenue East, Twin Falls
 _____ and the name of the initial registered agent at that address is: John Damian
 Signature of registered agent: 

3. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

4. 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 members, list the name(s) and address(es) of at least one initial member.

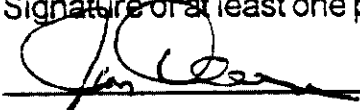
Name

Address

John Damien

1890 2nd Avenue East, Twin Falls, ID 83301

5. Signature of at least one person responsible for forming the limited liability company:



Secretary of State
IDAHO SECRETARY OF STATE

09/02/1999 09:00
CK: 2562 CT: 118902 DN: 246957

1 @ 100.00 = 100.00 ORGAN LLC # 2

g:\corp\forms\LLC1.pdf Revised 2/88

W9606