



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2006 DEC 14 AM 9:13

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

OLE #1 LLC

2. The street address of the initial registered office is:

4358 E. Poleline Ave. Post Falls, ID 83854

and the name of the initial registered agent at the above address is:

Robert M. Ovnicek, Managing Member

3. The mailing address for future correspondence is:

4358 E. Poleline Ave. Post Falls, ID 83854

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

Robert M. Ovnicek

4358 E. Poleline Ave., Post Falls, ID 83854

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

Signature: Robert M. Ovnicek

Typed Name: Robert M. Ovnicek

Capacity: Managing Member

Signature: _____

Typed Name: _____

Capacity: _____

Secretary of State use only

Idaho Secretary of State
12/14/2006 05:00
CK: 944 CT: 287459 BH: 1019644
1 @ 100.00 = 100.00 ORGAN LLC # 2

Web Form

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