

## **ARTICLES OF ORGANIZATION** LIMITED LIABILITY COMPANY FILED EFFECTIVE (Instructions on back of application) (Instructions on back of application)

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<ol> <li>The street address of the initial registered office is:         16658 SAGE ACRE LANE, CALDWELL, ID 83607         and the name of the initial registered agent at the above address is:             C. PAUL MUNSON         </li> <li>The mailing address for future correspondence is:             16658 SAGE ACRE LANE, CALDWELL, ID 83607         </li> <li>Management of the limited liability company will be vested in:             Manager(s)</li></ol>	
<ul> <li>C. PAUL MUNSON</li> <li>3. The mailing address for future correspondence is: 16658 SAGE ACRE LANE, CALDWELL, ID 83607</li> <li>4. Management of the limited liability company will be vested in: Manager(s)</li></ul>	
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<ul> <li>Manager(s) or Member(s) (please check the appropriate box)</li> <li>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.</li> <li>Name Address</li> </ul>	
<ol> <li>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.</li> <li>Name</li> </ol> Address	
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	
C. PAUL MUNSON 16658 SAGE ACRE LANE, CALDWELI	
	., ID
6. Signature of at least one person responsible for forming the limited liability comp	any:
Signature: C. PAUL MUNSON  Capacity: MEMBER  Signature  Typed Name: Typed Name: Capacity: University of State use of Signature University of Signat	
Signature   Typed Name:	nly
Typed Name:	ARY OF STATE

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