ARTICLE	ES OF ORGANIZATION	FILED EFFEC
LIMITED	LIABILITY COMPANY	2006 DEC -6 - PM 12:
(instru	ctions on back of application)	SECRETARY STATE OF IDAHO
1. The name of the limite	d liability company is:	STATE OF IDAHO
Leishman Family Se	rvices, LLC	
2. The street address of t	the initial registered office is:	
	lley City, Rexburg, ID 83440	
and the name of the ini	itial registered agent at the above addre	ese js:
Todd Leishman		
3 The mailing address fo	r future correspondence is:	
• .	ley City, Rexburg, ID 83440	
Management of the lim	nited liability company will be vested in:	
address(es) of at least	vested in one or more manager(s), list one initial manager. If management is t	the name(s) and o be vested in the
5. If management is to be address(es) of at least	vested in one or more manager(s), list one initial manager. If management is t ne(s) and address(es) of at least one in	the name(s) and o be vested in the
5. If management is to be address(es) of at least member(s), list the nan	vested in one or more manager(s), list one initial manager. If management is t ne(s) and address(es) of at least one in	the name(s) and o be vested in the itial member. Address
5. If management is to be address(es) of at least member(s), list the nam Name	vested in one or more manager(s), list one initial manager. If management is t ne(s) and address(es) of at least one in <u>45 S. Hidden Valley Ci</u>	the name(s) and o be vested in the itial member. Address ity, Rexburg, ID_83440
5. If management is to be address(es) of at least member(s), list the nam Name Todd Leishman	vested in one or more manager(s), list one initial manager. If management is t ne(s) and address(es) of at least one in <u>45 S. Hidden Valley Ci</u>	the name(s) and o be vested in the itial member. Address
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 5. If management is to be address(es) of at least member(s), list the name <u>Name</u> <u>Todd Leishman</u> <u>Janae Leishman</u> 6. Signature of at least on Signature: <u>Typed Name</u>: <u>Todd Leis</u> Capacity: <u>Manager</u> 	e vested in one or more manager(s), list one initial manager. If management is t ne(s) and address(es) of at least one in 45 S. Hidden Valley Ci 45 S. Hidden Valley Ci 45 S. Hidden Valley Ci	the name(s) and o be vested in the itial member. Address ity. Rexburg, ID 83440 ity, Rexburg, ID 83440 ity, Rexburg, ID 83440 ity, Rexburg, ID 83440 ity Rexburg, ID 8440 ity Rexburg, ID 8400 ity Rexburg, ID 8400 i
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