

## ARTICLES OF ORGANIZATION ARTICLES OF ORGANIZATION

	(Instructions on bac	ckofapolication) SECRETARY OF STATE
4		STATE UF IDAHO
1.	The name of the limited liability con Lifestyle Lending, LLC	mpany is:
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۷,	The street address of the Initial regi	
	513 Smokey Mountain Dr., Jeron	
	and the name of the initial registered	d agent at the above address is:
_	Sonya Black	
3.	The mailing address for future corre	•
	687 Washington Street North, Tw	
4.	Management of the limited liability c	company will be vested in:
	Manager(s) or Member(s)	(please check the appropriate box)
	If management is to be vested in one	e or more manager(s), list the name(s) and
6,	address(es) of at least one initial ma	anager. If management is to be vested in the dress(es) of at least one initial member.
5.	address(es) of at least one initial ma	anager. If management is to be vested in the
5.	address(es) of at least one initial ma member(s), list the name(s) and add	anager. If management is to be vested in the dress(es) of at least one initial member.
<b>6.</b>	address(es) of at least one initial ma member(s), list the name(s) and add Name	anager. If management is to be vested in the dress(es) of at least one initial member.  Address
<b>6.</b>	address(es) of at least one initial ma member(s), list the name(s) and add Name	anager. If management is to be vested in the dress(es) of at least one initial member.  Address
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	address(es) of at least one initial ma member(s), list the name(s) and add Name  Sonya Black	anager. If management is to be vested in the dress(es) of at least one initial member.  Address  513 Smokey Mountain Dr., Jerome, ID 83338
6.	Address(es) of at least one initial mamember(s), list the name(s) and address (s) and address	anager. If management is to be vested in the dress(es) of at least one initial member.  Address
6.	address(es) of at least one initial ma member(s), list the name(s) and add Name  Sonya Black	anager. If management is to be vested in the dress(es) of at least one initial member.  Address  513 Smokey Mountain Dr., Jerome, ID 83338
6.	Address(es) of at least one initial mamember(s), list the name(s) and add Name  Sonya Black  Signature of at least one person resistant and the state of the stat	anager. If management is to be vested in the dress(es) of at least one initial member.  Address  513 Smokey Mountain Dr., Jerome, ID 83338
6.	Signature of at least one person resignature:  Sonya Black  Signature:  Signature:  Signature:  Signature:  Mark  Sonya Black  Signature:  Mark  Sonya Black  Capacity: Member	anager. If management is to be vested in the dress(es) of at least one initial member.  Address  513 Smokey Mountain Dr., Jerome, ID 83338
6.	Address(es) of at least one initial mamember(s), list the name(s) and add Name  Sonya Black  Signature of at least one person resignature:  Signature:  Signature:  Sonya Black	anager. If management is to be vested in the dress(es) of at least one initial member.  Address  513 Smokey Mountain Dr., Jerome, ID 83338
6.	Signature of at least one person resingularity:  Signature:  Sonya Black  Signature:  Sign	anager. If management is to be vested in the dress(es) of at least one initial member.  Address  513 Smokey Mountain Dr., Jerome, ID 83338  possible for forming the limited liability company:  Secretary of State use only