ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

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16635 BATES CREEK ROAD, OREANA, ID 83650 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		
2. The street address of the initial registered office is: 16635 BATES CREEK ROAD, OREANA, ID 83650 and the name of the initial registered agent at the above address is: LISA LAWRENCE 3. The mailing address for future correspondence is: 16635 BATES CREEK ROAD, OREANA, ID 83650 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	 The name of the limited liability co 	mpany is: SEORETARY OF
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Typed Name: LISA LAWRENCE	Signature of at least one person resolution of the Signature: Signature: LISA LAWRENCE Capacity: MEMBER Signature	sponsible for forming the limited liability company: Secretary of State use only

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