

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

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			ORGANIZ LITY CON		2035 May .	<b>~O</b> €	FFE 71
	(1) a		ack of applicati				,
1.	The name of the lin		ompany is:				-
<b>2</b> .	The street address			is:			-
	and the name of th	e initial registe	ered agent at th	e above addr	ess is:		
3.	The mailing address			is:			
4.		a limitad liabilií	h, company wil	be vested in:			į
	Management of the Manager(s)			heck the appropriate	box)		
	•	or Member(s) to be vested in east one initial	one or more manager. If m	theck the appropriate anager(s), list anagement is	the name(s) ar to be vested in	nd the	
	Manager(s)	or Member(s) to be vested in east one initial	one or more manager. If m	theck the appropriate anager(s), list anagement is	the name(s) ar to be vested in	nd the	
	Manager(s)	or Member(s) o be vested in east one initial e name(s) and	one or more m manager. If m address(es) of	theck the appropriate anager(s), list anagement is at least one in	the name(s) ar to be vested in hitial member.	the	
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5.	If management is to address(es) of at least the member(s), list the R. Bruce Noble	or Member(s) o be vested in east one initial e name(s) and Name	one or more manager. If manager. If manager. One or more manager. If manager.	anager(s), list anagement is at least one in x 3061, Post	the name(s) ar to be vested in hitial member. Address Falls, ID 83877	the	
5.	If management is to address(es) of at least the member(s), list the member solution.  R. Bruce Noble  Signature of at least signature:	or Member(s) to be vested in the east one initial the name(s) and Name  ast one person	one or more manager. If manager. If manager. One or more manager. If manager.	anager(s), list anagement is at least one in x 3061, Post	the name(s) ar to be vested in hitial member. Address Falls, ID 83877	ompany:	
5.	If management is to address(es) of at least the member(s), list the R. Bruce Noble	or Member(s) to be vested in east one initial name(s) and Name	one or more manager. If manager. If manager. One or more manager. If manager.	anager(s), list anagement is at least one in x 3061, Post	the name(s) ar to be vested in hitial member.  Address Falls, ID 83877	ompany:	
5.	If management is to address(es) of at least the member(s), list the member(s), list the signature of at least signature:  Typed Name:  R. Bruce Noble  Signature of at least signature:  Typed Name:  R. E  Capacity:  Manage	or Member(s) to be vested in east one initial e name(s) and Name  est one person fruce Noble	one or more manager. If maddress(es) of P.O. Bo	anager(s), list anagement is at least one in x 3061, Post	the name(s) ar to be vested in hitial member.  Address Falls, ID 83877	ompany:	
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