

## **ARTICLES OF ORGANIZATION** (Instructions on back of application) (Instructions on back of application)

| ARTICLES OF C<br>LIMITED LIABIL<br>(Instructions on ba  | LITY COMPANY AN 8: 37  |
|---|--|
| The name of the limited liability co  | CIAIR OF "   |
| The street address of the initial reg   |  |
| and the name of the initial register Eric Ilo Larson  | red agent at the above address is:   |
| The mailing address for future corn 16913 Locust Lane, Caldwell, Id   |  |
| Management of the limited liability   | / company will be vested in:   |
| Manager(s) ✓ or Member(s)   | (please check the appropriate box)   |
| <del>-</del>  | one or more manager(s), list the name(s) and manager. If management is to be vested in the   |
| address(es) of at least one initial r   | one or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member.  Address  |
| address(es) of at least one initial r<br>member(s), list the name(s) and a  | manager. If management is to be vested in the address(es) of at least one initial member.  |
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| address(es) of at least one initial r<br>member(s), list the name(s) and a<br>Name  Joanne D. Larson  | manager. If management is to be vested in the address(es) of at least one initial member.  Address   |
| address(es) of at least one initial remember(s), list the name(s) and a Name  Joanne D. Larson  Signature of at least one person resignature:   | manager. If management is to be vested in the address(es) of at least one initial member.  Address  16913 Locust Lane, Caldwell, Idaho 83607   |
| Address(es) of at least one initial remember(s), list the name(s) and a Name  Joanne D. Larson  Signature of at least one person resignature:  Typed Name: Eric Ilo Larson                    | manager. If management is to be vested in the address(es) of at least one initial member.  Address  16913 Locust Lane, Caldwell, Idaho 83607  responsible for forming the limited liability company: |
| address(es) of at least one initial remember(s), list the name(s) and a Name  Joanne D. Larson  Signature of at least one person resignature:   | manager. If management is to be vested in the address(es) of at least one initial member.  Address  16913 Locust Lane, Caldwell, Idaho 83607  responsible for forming the limited liability company: |
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