



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY MAR -7 AM 10: 14

(Instructions on back of application)

		STATE OF WHAT
1.	The name of the limited liability compa	any is:
	H.S.I , Hawaiian Shaved Ice LLC	
2	The street address of the initial register	ered office is:
۷.	111 Ord Nampa ID 83651	
	and the name of the initial registered a	agent at the above address is:
	Stephanie A Williams	
3.	The mailing address for future corresp	oondence is:
	111 Ord Nampa Id 83651	
4.	Management of the limited liability cor	mpany will be vested in:
٦,		
	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 man member(s), list the name(s) and address	nager. If management is to be vested in the ess(es) of at least one initial member.
	Name	Address
	wanne	
	Stephanie A Williams	111 Ord Nampa ID 83651
	Christopher B Williams	111 Ord Nampa ID 83651
6.	Signature of at least one person resp	onsible for forming the limited liability company:
	Signature: Stockmit Ann L	(2) OS O Secretary of State use only
		ation page
	Typed Name: Stephanie A Williams Capacity: Manager	brganization pe
	Typed Name: Stephanie A Williams Capacity: Manager	222 THAMA CECEPETADY OF CLATE
	Typed Name: Stephanie A Williams Capacity: Manager Signature	IDAHO SECRETARY OF STATE 2000/00/07/2005 05:00 CK: 1288 CT: 18671A RH: 7969
	Typed Name: Stephanie A Williams Capacity: Manager	5 03/07/2005 05:0

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