



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2009 SEP -8 AM 9:14
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

SHANYLA IMPRESSIONS, LLC

2. The street address of the initial registered office is:

1001 SHASTA CT., POST FALLS, ID 83854

and the name of the initial registered agent at the above address is:

LEAH M. ANTON

3. The mailing address for future correspondence is:

1001 SHASTA CT., POST FALLS, ID 83854

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) or 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
<u>LEAH M. ANTON</u>	<u>1001 SHASTA CT., POST FALLS, ID 83854</u>
<u>MIKE ANTON</u>	<u>1001 SHASTA CT., POST FALLS, ID 83854</u>
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6. Signature of at least one person responsible for forming the limited liability company:

Signature: *Leah Anton*

Typed Name: LEAH M. ANTON

Capacity: MANAGING MEMBER

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

g:\corp\forms\LLC\forms\articlesoforganization.pdf
Revised 07/2002

Web Form

IDAHO SECRETARY OF STATE
09/08/2003 05:00
CK: 8420 CT: 15066 BH: 700497
1 @ 100.00 = 100.00 ORGAN LLC # 2

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