



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

Phase Two LLC

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

820 N 510Y #D, Post Falls, ID 83815

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

Brian Matthews 208-691-5301

3. The mailing address for future correspondence is:

Po Box 1532 Hayden, ID 83835

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

Brian Matthews

Po Box 1532 HAYDEN, ID 83835

Jason Kimmel

281 W. CHEYENNE HAYDEN, ID 83835

6. Signature of at least one person responsible for forming the limited liability company:

Signature: K. K.

Secretary of State use only

Typed Name: Brian Matthews

Capacity: President

Signature: Jason K. K.

100.00 = 100.00 ORGAN LLC # 2
100.00 = 20.00 CORP SUR # 3

Typed Name: JASON KIMMEL

Capacity: President