



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

BLIND SOURCE OF IDAHO FALLS, LLC

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

3501 E 665 N, Menan, ID 83434

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

Val Austin Jones

3. The mailing address for future correspondence is:

PO Box 2 Menan, ID 83434

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) of 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>Val Jones</u> | <u>PO Box 2, Menan, ID 83434</u> |
| <u> </u>         | <u> </u>                         |
| <u> </u>         | <u> </u>                         |
| <u> </u>         | <u> </u>                         |
| <u> </u>         | <u> </u>                         |
| <u> </u>         | <u> </u>                         |

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

Signature: Val A. Jones

Typed Name: Val A. Jones

Capacity: Owner

Signature:  

Typed Name:  

Capacity:  

Secretary of State use only

g:\compforms\LLC forms\llcarts\organization.p65  
Revised 07/2002

IDAHO SECRETARY OF STATE  
07/29/2004 05:00  
CK: 900 CT: 101065 BH: 757960  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

W 32160