

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2004 NOV -8 AM 13: 10

(matructions of the	ack or application)	
1. The name of the limited liability co	ompany is:	اللهزاي
Trail Creek Development, LLC	•	
2. The street address of the initial reg	gistered office is:	
814 Rocky Point Rd, Pocatello,		
and the name of the initial register		
Jonathan Kucera	ed agent at the above address is;	
3. The mailing address for future corre	Capandan	
814 Rocky Point Rd, Pocatello, I		
management of the inflitted liability (	company will be vested in:	
Manager(s) v or Member(s)	(please check the appropriate box)	
address(es) of at least one initial man	ne or more manager(s), list the name(s) and anager. If management is to be vested in the dress(es) of at least one initial member.	
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member(s), list the name(s) and ad-	anager. If management is to be vested in the dress(es) of at least one initial member.  Address	4
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member(s), list the name(s) and ad  Name  Jonathan Kucera	anager. If management is to be vested in the dress(es) of at least one initial member.  Address  814 Rocky Point Rd, Pocatello, ID 8320	
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member(s), list the name(s) and ad  Name  Jonathan Kucera  Signature of at least one person responses	anager. If management is to be vested in the dress(es) of at least one initial member.  Address  814 Rocky Point Rd, Pocatello, ID 8320	
Mame  Jonathan Kucera  Signature of at least one person responsessions and advisoring the street of a second secon	anager. If management is to be vested in the dress(es) of at least one initial member.  Address  814 Rocky Point Rd, Pocatello, ID 8320	
Signature  Signature  Signature  Signature  Typed Name:  Manager  Manager	anager. If management is to be vested in the dress(es) of at least one initial member.  Address  814 Rocky Point Rd, Pocatello, ID 8320	ny: 43
Signature of at least one person responsitional Name  Signature of at least one person responsitional Name  Typed Name: Jonathan Kucera  Capacity: Manager  Signature	anager. If management is to be vested in the dress(es) of at least one initial member.  Address  814 Rocky Point Rd, Pocatello, ID 8320	ny:
Signature  Signature  Signature  Signature  Typed Name:  Manager  Manager	anager. If management is to be vested in the dress(es) of at least one initial member.  Address  814 Rocky Point Rd, Pocatello, ID 8320  Donsible for forming the limited liability compare Secretary of State use only  IDNN SECRETARY  11/08/2004  CX: 3437 CT: 1188	ny: