

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY



(Instructions on back of application)

T. F	(Instructions on back	of application)	(20x2)
1.	The name of the limited liability comp	pany is:	STEPH COLOR
	A.D.E. Development, LLC		
2.	The street address of the initial regist	tered office is:	
	2042 W. Evening Star Road Post	Falls, ID 83854	
	and the name of the initial registered agent at the above address is:		
	Life Erickson		
3.	The mailing address for future corres	pondence is:	
	2042 W. Evening Star Road 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)		
	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	
	Life Erickson	2042 W. Evening Star Rd. Post Falls, ID 83854	
	Angela D. Erickson	2042 W. Evening Star Rd. Post Falls, ID 83854	
6.	Signature of at least one person resp	oonsible for forming the	limited liability company:
	Signature: Jufu Tub	2 8	Secretary of State use only
	Typed Name: Life ≝rickson	zation p	
•	Capacity: Member	olongani	
,	Signature Signature	g complorms/LLC forms/artsoforganization p65 Revised 07/2002	IDAHO SECRETARY OF STATE 10/31/2005 05:00
-	Typed Name: Angela D. Erickson	omstLCforns/	CK: 6178 CT: 189382 BH: 9196 1 0 100.00 = 100.00 ORGAN LLC
	Capacity: Member	option & Web Form	1 0 20.00 = 20.00 EXPEDITE C \times 44098