	ARTICLES OF	ORGANIZATIO ILITY COMPAN	
		back of application)	
1.	The name of the limited liability	company is:	
	V.W. Obsessions LLC		
2.	The street address of the initial	registered office is:	e e i
	756 W 129 N ,Idaho Falls ID		_
	and the name of the initial regis	tered agent at the above	address is:
	Roman Adams		······································
3	The mailing address for future of	correspondence is:	
J.	756 W 129 N ,Idaho Falls ID		
٨	Management of the limited liab		ed in:
4.	Manager(s) 🖌 or Member(
5.	If management is to be vested	in one or more manager((s), list the name(s) and
5	 If management is to be vested address(es) of at least one init member(s), list the name(s) ar Name 	ial manager it manageri	
5.	address(es) of at least one init member(s), list the name(s) ar Name	ial manager. If managem nd address(es) of at least	one initial member.
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	address(es) of at least one init member(s), list the name(s) ar Name Roman Adams	756 W 129 N ,Id	daho Falls ID 83401
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	address(es) of at least one init member(s), list the name(s) ar Name Roman Adams 6. Signature of at least one pers Signature: Additional for the set one pers Signature: Additional for the set one pers	on responsible for formin	Address daho Falls ID 83401
	address(es) of at least one init member(s), list the name(s) ar Name Roman Adams 6. Signature of at least one pers Signature: Typed Name: Roman Adams Capacity: Manager	on responsible for formin	Address daho Falls ID 83401 g the limited liability company: Secretary of State use only
	address(es) of at least one init member(s), list the name(s) ar <u>Name</u> <u>Roman Adams</u> 	on responsible for formin	Address daho Falls ID 83401 g the limited liability company: Secretary of State use only
	address(es) of at least one init member(s), list the name(s) ar Name Roman Adams 6. Signature of at least one pers Signature: Typed Name: Roman Adams Capacity: Manager	on responsible for formin	Address daho Falls ID 83401 g the limited liability company: Secretary of State use only