

## ARTICLES OF ORGANIZATION FECTIVE



(Instructions on back of application) OCT -5 AM 8: 49

1.	The name of the limited liability company is	s: DESERT WINDS FARABIDANS, LLC
2.	The address of the initial registered office is	2860 CHANNING WAY, SUITE 213
	IDAHO FALLS, ID 83404  agent at that address is: CARYL RAE WI	and the name of the initial registered
3.	The mailing address for future correspondence	
	IDAHO FALLS, ID 83404	
4.		
	Manager(s) X or Member(s) . (please chec	ck the appropriate box)
at least one initial manager. If manage address(es) of at least one initial mem		e manager(s), list the name(s) and address(es) of s to be vested in the members, list the name(s) and
	<u>Name</u>	<u>Address</u>
	CARYL RAE WILSON	2860 CHANNING WAY, SUITE 213 IDAHO FALLS, ID 83404
6.	Signature of at least one person responsible for forming the limited liability company:	
	- leavel Wilson	
	Caryl Rae (Milson	IDANG SETAR TAKE STATE
		19/95/2008 09:00 CX: 26255 CT: 2834 BH: 352937
		1 P 198.80 = 188.80 ORGAN LLC # 2
		Section   1   100.00   100.00   0.000