

## **ARTICLES OF ORGANIZATION** LIMITED LIABILITY COMPANY FILED EFFECTIVE

2007 MAR -5 PH 12: 12

4.5	(Instructions on bac	Noi application)	- 73 ( <u>/</u> *
1. The name	of the limited liability com	npany is:	SECRETARY NE OTIT
	Enterprises LLC.		SECRETARY OF STATE STATE OF IDAHO
2. The street	address of the initial regis	stered office is:	
2968 So	uth 2025 East Low	WWW TD 83355	
and the na	ame of the initial registered	d agent at the above address is	
Shawna	•		
3. The mailin	g address for future corres	spondence is:	
Po Box 4	175, Wendell, Idaho, 8335	55	·
4. Managem	ent of the limited liability or	ompany will be vested in:	
Manager(s	s) 🔽 or Member(s) 🗌	(please check the appropriate box)	
5. If manager	s) of at least one initial and	or more manager(s), list the na	
address(e	s) of at least one initial ma	nager. If management is to be viress(es) of at least one initial m	vested in the nember.
address(e	s) of at least one initial ma ), list the name(s) and add Name	nager. If management is to be viress(es) of at least one initial m	vested in the nember.
address(e member(s	s) of at least one initial ma ), list the name(s) and add Name	nager. If management is to be viress(es) of at least one initial m	vested in the nember.
address(e member(s	s) of at least one initial ma ), list the name(s) and add Name	nager. If management is to be viress(es) of at least one initial m	vested in the nember.
address(e member(s	s) of at least one initial ma ), list the name(s) and add Name	nager. If management is to be viress(es) of at least one initial m	vested in the nember.
address(e member(s  Shawna  6. Signature	s) of at least one initial ma ), list the name(s) and add  Name  Munyan  of at least one person resp	nager. If management is to be viress(es) of at least one initial m	vested in the nember.  883355
address(e member(s  Shawna  6. Signature Signature:	s) of at least one initial ma ), list the name(s) and add  Name  Munyan  of at least one person resp	nager. If management is to be viress(es) of at least one initial m	vested in the nember.
address(e member(s  Shawna  6. Signature of Signature of Typed Name	s) of at least one initial ma ), list the name(s) and add  Name  Munyan  of at least one person resp	nager. If management is to be viress(es) of at least one initial m	vested in the nember.  883355
6. Signature Signature Capacity: N	s) of at least one initial ma ), list the name(s) and add  Name  Munyan  of at least one person resp e: Shawna Munyan lanager/Owner	nager. If management is to be viress(es) of at least one initial m	vested in the nember.  883355
6. Signature Signature Capacity: N	s) of at least one initial ma ), list the name(s) and add  Name  Munyan  of at least one person resp e: Shawna Munyan	nager. If management is to be press(es) of at least one initial management is to be press(es) of at le	vested in the nember.  883355