

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

2004 SEP -7 AM 9: 16

(Instructions on back of application)

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1.	The name of the limited liability compa	any is:
2.	The street address of the initial registered office is: 12367 W CLOVER MEADOWS DR; BOISE, ID 83713	
	and the name of the initial registered a	igent at the above address is:
3.	The mailing address for future correspondence is: 12367 W CLOVER MEADOWS DR; BOISE, ID 83713	
4.	Management of the limited liability company will be vested in:	
	Manager(s) ☐ or Member(s) ✓	
5.	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
	ROBERT W DOIRON	12367 W CLOVER MEADOWS DR
		BOISE, ID 83713
6		risible for forming the limited liability company:
	Signature: ROBERT W DOIRON	Secretary of State use only
	Capacity: MANAGER	1/33093
	end 21 + 1/1	IDAHO SECRETARY OF STATE 99/97/2004 OF - 99
	Signature	IDAHO SECRETARY OF STATE OP
	Capacity:	Rev