

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY APR 26 PM 12: 25

(Instructions on back of application)

- B	(IIISTRUCTIONS ON DACK	or application)	SECRETARY OF STATE
1.	The name of the limited liability comp	pany is:	STATE OF IDAHO
2.	The street address of the initial regist		
	and the name of the initial registered Shawn L Reynolds		ve address is:
3.	The mailing address for future correspondence is: 6441 S Powerline Rd Nampa ld 83686		
4.	Management of the limited liability company will be vested in: Manager(s) or Member(s) (please check the appropriate box)		
5. If management is to be vested in one or more manager(s), list the name(s address(es) of at least one initial manager. If management is to be vested member(s), list the name(s) and address(es) of at least one initial member		ment is to be vested in the	
	Name		Address
	Shawn L Reynolds	6441 S Powerl	ine Rd Nampa Id 83686
	Shannon Reynolds	6441 S Powerl	ine Rd Nampa Id 83686
	Signature of at least one person respondes Signature Typed Name: Shawn L Reynolds Capacity: owner	Spanization P65	
	Signature (Sund)() Typed Name: Shannen Reynolds Capacity: owner	octivomis*LLC formswaftsoffsi Revisivit 7-2302	IDAHO SECRETARY OF STATE 04/26/2005 05:0 CK: 1374 CT: 188189 BH: 8861 1 0 100.00 = 100.00 ORGAN LLI

W38922