ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(instructions on back of application)

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FILED EFFECTIVE

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1.	The name of the limited liability comp	eany is:	SECRETARY OF STATE OF IDAHO	TE
2.	The street address of the initial regist	ered office is:		
	1505 N. Main st. Meridian ,ld 836	642		
	and the name of the initial registered	agent at the ab	ove address is:	
3.	The mailing address for future corresp	pondence is:		
	1505 N. Main st. Meridian, ld 836	642		
4.	Management of the limited liability co	mpany will be v	rested in:	
	Manager(s) ✓ or Member(s) ☐	(please check t	ne appropriate box)	
5.	If management is to be vested in one address(es) of at least one initial mar member(s), list the name(s) and add	nager. If manag	jement is to be vested in the	
	Name		Address	
	Scott Miller	1505 N. Mai	n st. Meridian, Id 83642	
	Richard Asnussen	1505 N.Mair	st. Meridian, ld 83642	
	Duane Pugh	1505 N. Mai	n st. Meridian . Id 83642	
6.	Signature of at least one person respondence:	onsible for forr	ning the limited liability compar	ıy:
	Signature:		Secretary of State use only	
	Typed Name: Scott Miller		8000	
		-		
	Capacity: Manager			
				RY OF 36 (
	Capacity: Manager		<u> </u>	RY OF 96 (2999 6 8 Of