

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY 03/31/03

(Instructions on back of application)

	(Instructions on back	of application) STATE OF IDAHO
1.	The name of the limited liability comp	pany is: STATE OF IDAHO
	Grandma's LLG Grandma	s Three UC
2.	The street address of the initial regist	tered office is:
	77 North 4000 E Rigby, ID 83442	
	and the name of the initial registered	agent at the above address is:
	Dorie Robertson	
3.	The mailing address for future corres	spondence is:
	77 North-4000 East Rigby, ID 8344	
4	Management of the limited liability co	
-7.	Manager(s) or Member(s)	
	<u>o</u>	
	If management is to be vested in one	or more manager(s), list the name(s) and
5.	Employed the control of the control	war If management is to be vested in the
5.	address(es) or at least one initial ma	inager. If management is to be vested in the
5.	address(es) or at least one initial ma	inager. If management is to be vested in the irress(es) of at least one initial member. Address
5.	address(es) or at least one initial mamember(s), list the name(s) and add	inager. If management is to be vested in the diress(es) of at least one initial member. Address
5.	address(es) or at least one initial ma member(s), list the name(s) and add	nager. If management is to be vested in the drawn and in the drawn are initial member.
5.	address(es) or at least one initial mamember(s), list the name(s) and add	inager. If management is to be vested in the diress(es) of at least one initial member. Address
5.	address(es) or at least one initial mamember(s), list the name(s) and add	inager. If management is to be vested in the diress(es) of at least one initial member. Address
5.	address(es) or at least one initial mamember(s), list the name(s) and add	inager. If management is to be vested in the diress(es) of at least one initial member. Address
5.	address(es) or at least one initial mamember(s), list the name(s) and add	inager. If management is to be vested in the diress(es) of at least one initial member. Address
5.	address(es) or at least one initial mamember(s), list the name(s) and add	inager. If management is to be vested in the diress(es) of at least one initial member. Address
	Address(es) or at least one initial mamember(s), list the name(s) and add Name Dorie Robertson	Inager. If management is to be vested in the dress(es) of at least one initial member. Address 77 North 4000 E Rigby, ID 83442
	Address(es) or at least one initial man member(s), list the name(s) and add Name Dorie Robertson Signature of at least one person residents	Inager. If management is to be vested in the dress(es) of at least one initial member. Address 77 North 4000 E Rigby, ID 83442 Sponsible for forming the limited liability company:
	Address(es) or at least one initial man member(s), list the name(s) and add Name Dorie Robertson Signature of at least one person resignature:	Inager. If management is to be vested in the dress(es) of at least one initial member. Address 77 North 4000 E Rigby, ID 83442 Sponsible for forming the limited liability company:
	Address(es) or at least one initial man member(s), list the name(s) and add Name Dorie Robertson Signature of at least one person residents	Inager. If management is to be vested in the dress(es) of at least one initial member. Address 77 North 4000 E Rigby, ID 83442 Sponsible for forming the limited liability company:
	Signature of at least one person resisting signature: Typed Name: Dorie Robertson Signature: Typed Name: Dorie Robertson Capacity:	Inager. If management is to be vested in the dress(es) of at least one initial member. Address 77 North 4000 E Rigby, ID 83442 Sponsible for forming the limited liability company:
	Signature of at least one person resisting at least one person res	ponsible for forming the limited liability company: Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE 1784 171 1847578 BH 6

W 23464