ARTICLES OF ORGANIZATION FILED EFFE LIMITED LIABILITY COMPANY AND 23 A DESTRE

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(Instructions on back of application)

1.	The name of the limited liability comp	pany is:	
2.	The street address of the initial registe	tered office is:	
	4135 N 5725 W, Rexburg, ID 83440		
	and the name of the initial registered a	agent at the above address is:	
3.	The mailing address for future correspondence is: 4135 N 5725 W, Rexburg, ID 83440		
4.	Management of the limited liability con	ompany 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) 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	
	Louanna Bonsor	4135 N 5725 W, Rexburg, ID 83440	
	Danny Bonsor	4135 N 5725 W, Rexburg, ID 83440	
6.	Signature of at least one person resp	consible for forming the limited liability company:	
	Signature: Savanna Const	At Secretary of State upg only	
	Typed Name: Louanna Bonsor	U (grzy	
	Capacity: Member	Taciforgan	
	Signature	Secretary of State use only	
	Typed Name:	IDAHO SECRETARY OF STO ###################################	
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