

ARTICLES OF ORGANIZATION FILED LIMITED LIABILITY COMPANY

(Instructions on back of application)



STATE OF IDAHO

1. The name of the limited liability company is: K and K Management, LLC
2. The address of the initial registered office is: 6479 E. Iona Road, Idaho Falls, ID 83401
(not a PO Box)
- _____ and the name of the initial registered agent at that address is: Lynden Kunde
- Signature of registered agent: _____

3. Is management of the limited liability company vested in a manager or managers?

☐ Yes

☒ No

(check appropriate box)

4. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one initial member.

Name:

Address:

Lynden Kunde

6479 E. Iona Road, Idaho Falls, ID 83401

5. Signature of at least one person listed in #5 above:

Lynden Kunde Aug 6, 1999

IDAHO SECRETARY OF STATE

08/09/1999 09:00
CX: 7546 reCty 13900: DN: 840400

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