



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED

1. The name of the limited liability company is:

IDASURE LLC.

2. The street address of the initial registered office is:

1075 WELLS LANE OROFINO, ID. 83544

and the name of the initial registered agent at the above address is:

DWAYNE BANSEMER

3. The mailing address for future correspondence is:

PO BOX 366 OROFINO, ID. 83544

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) 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 |
|------------------------|--------------------------------------|
| <u>DWAYNE BANSEMER</u> | <u>PO BOX 366 OROFINO, ID. 83544</u> |
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6. Signature of at least one person responsible for forming the limited liability company:

Signature: Dwayne Bansemer

Typed Name: DWAYNE BANSEMER

Capacity: ORGANIZER

Signature:

Typed Name:

Capacity:

Secretary of State use only

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