

## **ARTICLES OF ORGANIZATION** LIMITED LIABILITY COMPANY (Instructions on back of application) AM 9: 09

FILED EFFECTIVE

1.	The name of the limited liability comp	oany is: SECRETARY OF STATE STATE OF IDAHO
2.	The street address of the initial registered office is:  1027 EAST HONEYSUCKLE HAYDEN ID 83835	
	and the name of the initial registered  JAMES A SMIDT	agent at the above address is:
3.	The mailing address for future correspondence is:  1027 EAST HONEYSUCKLE HAYDEN ID 83835	
4.	Management of the limited liability co	mpany 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
	JAMES A SMIDT	1040 N HILL DR COEUR D'ALENE ID 83814
	SHERENE K SMIDT	1040 N HILL DR COEUR D'ALENE ID 83814
	the Video	onsible for forming the limited liability company:
	Signature:	Secretary of State use only
	the Video	
	Signature: JAMES A SMIDT	Secretary of State use only