

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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	OF ID STA
1	The name of the limited liability company is: Kalb (Associates, L.C.
2	The address of the initial registered office is: Post Fulls, ID 83854 agent at that address is: Karin Kalb and the name of the initial registered
3 .	fost falls, ID 83854
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 management is to be vested in the members, list the name(s) and address(es) of at least one initial member. Name Address John Kalb 2470 N.T.tleist Way, Ret Fells, TO 73854
6.	Signature of at least one person responsible for forming the limited liability company: Secretary of State use only IDANO SECRETARY OF STATE John Kulb B. 189186
<u>-</u>	CX: 1155 CT: 143229 BH: 383136 1 # 180.86 = 180.86 ORGAN LLC N 2 1 # 28.86 = 28.80 CORP SUR N 3

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