

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY AUG 23 P. 2.

TO F	(Instructions on back	of application) $SLONE ARY STATE OF OAHO ALL STATE OF OAHO OA$
1.	The name of the limited liability comp	pany is:
	HI ENTERPRISES, LLC	
2.	The street address of the initial regist	ered office is:
	119 BRIDGE STREET, ST. ANTHONY, ID 83445	
	and the name of the initial registered agent at the above address is:	
	IDA HOUSLEY	
^		nandana is:
3.	The mailing address for future correspondence is: ALLIED FINANCIAL SERVICES, P.O. BOX 674, REXBURG, ID 83440	
4.	Management of the limited liability co	mpany will be vested in:
	Manager(s) or Member(s)	(please check the appropriate box)
	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
	IDA HOUSLEY	119 S. Bridge Street, St. Anthony, ID 83445
	IDATIOGOLLI	119 G. Dridge Glieet, Gt. Antilony, 10 00440
	DANIEL HERMOSILLO	119 S. Bridge Street, St. Anthony, ID 83445
6.	DANIEL HERMOSILLO	
Ş	Signature of at least one person resp	onsible for forming the limited liability company:
Ş	Signature of at least one person respondanture:	onsible for forming the limited liability company:
Ş	Signature of at least one person resp	onsible for forming the limited liability company:
; 7	Signature of at least one person respondanture: Signature: IDA HOUSLEY Capacity: MANAGING MEMBER	onsible for forming the limited liability company:
\$ ()	Signature of at least one person respondanture:	onsible for forming the limited liability company: Secretary of State use only Secretary of State use only 1DANO SECRETARY OF ST 28/24/2694 G: CX: 3586 CT: 87111 BH;