

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

98 SEP 28 AM 10:49

SECRETARY OF STATE
STATE OF IDAHO

CorpForm, LLC



1. The name of the limited liability company is: _____

2. The address of the initial registered office is: _____ 477 Shoup, Suite 109
(not a PO Box)

Idaho Falls, Idaho 83402 and the name of the initial registered agent at that address is: _____ Steven J Wright

Signature of registered agent: _____ *Steven J Wright*

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:

CJS Enterprises, LLC

477 Shoup Suite 109,

Idaho Falls, ID 83402

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

CJS Enterprises, LLC

by Steven J Wright/manager

IDAHO SECRETARY OF STATE

09/28/1998 09:00
CX: 1263 CT: 100001 NR: 100006

1 @ 100.00 = 100.00 ORGAN LLC # 2

Corporation 101 jmb Revised 6/97

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