

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

07 SEP 17 AM 9: 15

(Instructions on back of application)

1. The name of the limited liability company is: SECRETARY (STATE OF I	FSTATE
	אחט
Jabine Kallas Dressage UC	
2. The street address of the initial registered office is:	
401 N. Lincoln Ave. Pocatello, ID 83:	204
and the name of the initial registered agent at the above address is:	
Jabine M. Kallas	
3. The mailing address for future correspondence is:	
401 N. Lincoln Are., Pocatello, ID 8204	
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.	*
Address .	
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	3204
6. Signature of at least one person responsible for forming the limited liability compa	ıny:
Signature: Secretary of State use on	
)
Typed Name: <u>labine M. Kallas</u>	ÿ
Typed Name: <u>Jabine M. Kallas</u> Capacity: <u>Manage</u>	<u>v</u>
Capacity: Manage	y
Capacity:	TARY OF STATE