

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY AM 8: 52

(Instructions on back of application) RETARY OF STATE

1.	The name of the limited liability comp	any is:
2.	The street address of the initial registered office is: 181 W. 225 N. BLACKFOOT, IDAHO 83221	
ue i i	and the name of the initial registered	agent at the above address is:
3.	The mailing address for future correspondence is: 181 W. 225 N. BLACKFOOT, IDAHO 83221	
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.	
	Name	Address
	JOHN LINDSAY	181 W. 225 N.
		BLACKFOOT, ID 83221
6. Signature of at least one person responsible for forming the limited liability company: Signature: Secretary of State use only		
	Typed Name: JOHN LINDSAY	Secretary of State use only
	Capacity: MANAGER	oforganiza
	Signature	19 S TONIN SECRETARY OF STATE
	Capacity:	CK: 6272 CT: 158469 BH: 1016262

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