

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANYED 18 AM 9: 34

(Instructions on back of application) SECTION

	/illoudouolio oli paon	DECHETARY OF STATE	
1.	The name of the limited liability comp	· · · · · · · · · · · · · · · · · · ·	
2.	The street address of the initial registered office is: 1629 BROOKFIELD CT, TWIN FALLS, IDAHO 83301		
	and the name of the initial registered agent at the above address is: BRANDI J STASTNY		
3.	The mailing address for future correspondence is: 1629 BROOKFIELD CT, TWIN FALLS, IDAHO 83301		
4.	Management of the limited liability co		
	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	
	BRANDI J STASTNY	1629 BROOKFIELD CT	
		TWIN FALLS, IDAHO 83301	
;	Signature:	ensible for forming the limited liability company: Secretary of State use only	
	Typed Name: BRANDI J STASTNY Capacity: MEMBER	TBO TROUBLE TR	
	Signature	IDAHO SECRETARY OF STATE 12/18/2006 05:00 CK: 1177 CT: 207590 BH: 1020394 1 9 180.00 = 100.00 ORGAN LLC # 2	
	Typed Name: Dapacity:	CK: 1177 CT: 207590 BH: 1026394	

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