

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

	(IIISE decions on back	or approaution,	, [
1.	The name of the limited liability comp	pany is:	
	Twisted Sisters Designs L.L.C.		_ 2
2.	The street address of the initial regist	tered office is: $\widehat{\overline{n}}$	3
	1397 W. Powder Ct. Eagle, ID 83616		_ 3
	and the name of the initial registered	agent at the above address is:	
	Marcie Rae	-	5
3.	The mailing address for future corres	pondence is:	
0.	1397 W. Powder Ct. Eagle, ID 83616		
4	Management of the limited liability co		
4.	<u> </u>	1	
	Manager(s) v 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	
	Name Marcie Rae	Address 1397 W. Powder Ct. Eagle, ID 83616	
6.	Marcie Rae		
	Signature of at least one person resp	onsible for forming the limited liability company:	
	Signature of at least one person respondence: Marcie J. Lawy Typed Name: Marcie J. Rae	onsible for forming the limited liability company:	
	Signature of at least one person resp	onsible for forming the limited liability company:	
	Signature of at least one person resp Signature: Typed Name: Marcie J. Rae Capacity: Manager	onsible for forming the limited liability company:	
	Signature of at least one person respondence of the state	onsible for forming the limited liability company:	
	Signature of at least one person resp Signature: Typed Name: Marcie J. Rae Capacity: Manager	onsible for forming the limited liability company: Secretary of State use only IDAHO SECRETARY OF 17/28/2994	STATE @5 = @0 BH: 757782 RGAN C =

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