

ARTICLES OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2005 MAR 11 AM 9: 12

(Instructions on back of application)

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1.	The name of the limited liability compa	any is:
2.	The street address of the initial registered office is:	
	61 Shadow Cove Lane, Cocolalla, Idaho 83813	
	and the name of the initial registered a	agent at the above address is:
3.	The mailing address for future correspondence is:	
	P.O. Box 189, Cocolalla, Idaho 838	13
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 address(es) of at least one initial man member(s), list the name(s) and addr	or more manager(s), list the name(s) and ager. If management is to be vested in the ess(es) of at least one initial member.
	Name	Address
	Ron Hazel	61 Shadow Cove Lane
		Cocolalla, Idaho 83813
6.	Signature of at least one person responsible for forming the limited liability company:	
	Signature:	Secretary of State use only
	Typed Name: Ron Hazel Capacity: Manager	IDAHO SECRETARY OF STATE ### ### ### ### ####################
	Capacity.	IDANG SECRETARY OF STATE