ARTICLES OF C	DRGANIZATION FILED EFFECTIVE
(Instructions on ba	ack of application)
1. The name of the limited liability co Innovators Northwest, LLC	ompany is: 07 AUG 28 AM II: 19 SECRETARY OF STATE STATE OF IDAHO saistered office is:
2. The street address of the initial re	gistered office is:
414 Shoup Avenue, Idaho Falls	
	red agent at the above address is:
Gregory P. Meacham	
3. The mailing address for future cor	
P.O. Box 50731, Idaho Falls, Id	
4. Management of the limited liability	y company will be vested in:
Manager(s) 🖌 or Member(s) 5. If management is to be vested in a	one or more manager(s), list the name(s) and
5. If management is to be vested in (address(es) of at least one initial	(please check the appropriate box) one or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member. Address
 If management is to be vested in a address(es) of at least one initial member(s), list the name(s) and a Name 	one or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member. Address
 If management is to be vested in address(es) of at least one initial member(s), list the name(s) and a Name Kent R. Meacham 	one or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member. Address 2320 Valleyview Drive, Clarkston, WA 99403
 If management is to be vested in a address(es) of at least one initial member(s), list the name(s) and a Name 	one or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member. Address
5. If management is to be vested in a address(es) of at least one initial member(s), list the name(s) and a Name <u>Kent R. Meacham</u>	one or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member. Address 2320 Valleyview Drive, Clarkston, WA 99403
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 5. If management is to be vested in a address(es) of at least one initial member(s), list the name(s) and a Name Kent R. Meacham Gregory P. Meacham Gregory P. Meacham 6. Signature of atleast one person in Signature: One of a second secon	one or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member. Address 2320 Valleyview Drive, Clarkston, WA 99403 414 Shoup Avenue, Idaho Falls, Idaho 83405
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