



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY **FILED**

(Instructions on back of application) 99 JAN 27 AM 10:20

1. The name of the limited liability company is: COVELLI, LLC
2. The address of the initial registered office is: 4004 Shoreline Drive, Post Falls, ID  
83814 and the name of the initial registered agent at that address is: HENRY D. COVELLI
- Signature of registered agent: Henry D Covelli

3. Is management of the limited liability company vested in a manager or managers?

☒ Yes ☐ No (check appropriate box)

4. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one initial member.

Name:

Address:

HENRY D. COVELLI

4004 Shoreline Drive, Post Falls, ID 83814

RHONDA L. COVELLI

4004 Shoreline Drive, Post Falls, ID 83814

5. Signature of at least one person listed in #4 above:

Henry D Covelli

Rhonda L Covelli

IDAHO SECRETARY OF STATE  
Secretary of State use only

02/02/1999 09:00  
CX: 0135 CT: 110539 BH: 104303

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