

Capacity:

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

OB MAR 31 AM 9: 20 STATE OF IDASTATE

(**************************************	sack of application)	CTETARY
1. The name of the limited liability	/ Company is:	STATE OF OF STATE
NATE CONSTRUCTION, LLC	· · · · · · · · · · · · · · · · · · ·	STATE OF IDAHO
2. The street address of the initial	registered office is:	
and the name of the initial regist	tered agent at the above	address is:
3. The mailing address for future of 1250 RACHEL DR. BLACKFO		
I. The limited liability company will	be:	
Manager-managed 🗸 or Men		please check the appropriate box)
<ol> <li>If manager-managed, list the nar If member-managed, list the nan</li> </ol>	me(s) and address(es) o ne(s) and address(es) o	of at least one initial manager. f at least one initial member.
Name		Address
TOM H. NATE	1250 RACHEL DR	BLACKFOOT, ID. 83221
Signature of at least one person i	responsible for forming t	the limited liability company:
Signature: Tom H. NATE		Secretary of State use only
Capacity: OWNER - MANAGER		
Signature	Stormelart 06/2007	
Typed Name:	O De la companya de l	IDAHO SECRETARY OF ST

IDAHO SECRETARY OF STATE 03/31/2008 05:00 CK: 2281 CT: 224378 BH: 1187485 1 8 100.00 = 100.00 ORGAN LLC # 2

4072935