

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

TILED EFFECT

The name of the limited liability comp     Northern Sunrise, LLC	any is:	₩	SECRETAR STATE (	Y OF STATE OF IDAHO	
2. The street address of the initial regist	ered office is:				
2843 S Abbs Lane Sowe	ld 83	705			
and the name of the initial registered Kimberly D Weaver	agent at the at	ove add	ress is:		
3. The mailing address for future corres	ondence is:				
2943 S Abbs Lane Bouse,		705			
4. The limited liability company will be:					
Manager-managed ✓ or Member-	managed 🔲	(please	check the appropri	ate box)	
<ol> <li>If manager-managed, list the name(s)</li> <li>If member-managed, list the name(s)</li> <li>Name</li> </ol>		s) of at I		-	r
	1				
Gina K Janke	3525 S Capul	et Way, N	leridian, ID t	33642	
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Signature of at least one person resp	onsible for form	ning the	imited liabilit	v company.	
5. Signature of at least one person resp	onsible for form	ning the	imited liabilit	y company:	
Signature: Mnak Jaule	onsible for form	ning the	imited liabilit		
Signature: Make Aule Typed Name: Sina K Janke	onsible for form	ning the			
Signature: Mak Jaulee	onsible for form	ning the			
Typed Name: Sina K Janke	onsible for form	ning the			
Signature: Make Aule Sina K Janke Capacity: Manager	onsible for form	ning the	Secretary of State		TE_

180.88 = 180.80 ORGAN LLC # 2