

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANTILED/EFFECTIVE

(Instructions on back of application) 00 DEC 26 AM IO: 48

1.	The name of the limited liability company	is STATE OF IDAHO	
	STAFFTOPIA OF 10, LLC		
2.	The address of the initial registered office i	s:418 N. River St. 32 West	
	Hailey, Idaho 83333		and the name of the initial residual
	agent at that address is: Lisa Wood	and the name of the initial registered	
3.	The mailing address for future corresponder	nce:same	
4.	Management of the limited liability company	will be vested in:	
	Manager(s) x or Member(s). (please che	eck the appropriate box)	
5.	If management is to be vested in one or mor at least one initial manager. If management address(es) of at least one initial member. Name	re manager(s), list the name(s) and address(es) o is to be vested in the members, list the name(s) an Address	
	Lisa Wood	418 N. River St. 32 West, Hailey, ID 83333	
	Hallie Shealy	418 N. River St. 32 West, Hailey, ID 83333	
6. ;	Signature of at least one person responsible for forming the limited liability company: Lisa Wood		
ı	Mallie Shyany	Secretary of State use only 1900 SECRETARY OF STATE 12/27/2000 09:00 CK: 3273 CT: 140055 BH: 369238 1 0 100.00 = 160.00 ORGAN LLC # 2	
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