

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

The name of the limited liability co	ompany is:	FILED EFFECTIVE AM 9: 03 SINGE OF IDAHO ddress is:
USA MARKETING LLC		1/ 1/6 AM Q
The street address of the initial reg	gistered office is:	S_{MASMAS}
348 Lenore St. # 1 Twin Falls ID	0 83301	"IE OF IDAFIO
and the name of the initial register	red agent at the above a	ddress is:
Douglas Collins		
The mailing address for future corr	respondence is:	
348 Lenore St # 1 Twin Falls ID	83301	
Management of the limited liability	company will be vested	lin:
Manager(s) or Member(s)	(please check the appro	opriate box)
If management is to be vested in a address(es) or at least one initial r member(s), list the name(s) and a	manager. If managemer	nt is to be vested in the
address(es) or at least one initial r	manager. If managemer	nt is to be vested in the
address(es) or at least one initial r member(s), list the name(s) and a	manager. If managemer address(es) of at least or	nt is to be vested in the ne initial member.
address(es) or at least one initial r member(s), list the name(s) and a	manager. If management iddress(es) of at least or at l	nt is to be vested in the ne initial member. Address
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address(es) or at least one initial r member(s), list the name(s) and a Name Douglas Collins Anna Collins	manager. If management iddress(es) of at least or 348 Lenore St. #1 348 Lenore St. #	nt is to be vested in the me initial member. Address Twin Falls ID 83301 1 Twin Falls ID 83301
address(es) or at least one initial r member(s), list the name(s) and a Name Douglas Collins Anna Collins Signature of at least one person re	manager. If management iddress(es) of at least or 348 Lenore St. #1 348 Lenore St. #	nt is to be vested in the ne initial member. Address Twin Falls ID 83301 1 Twin Falls ID 83301 he limited liability company:
address(es) or at least one initial r member(s), list the name(s) and a Name Douglas Collins Anna Collins Signature of at least one person r Signature:	manager. If management iddress(es) of at least or 348 Lenore St. #1 348 Lenore St. #	nt is to be vested in the me initial member. Address Twin Falls ID 83301 1 Twin Falls ID 83301
Name Douglas Collins Anna Collins Signature of at least one person re	manager. If management iddress(es) of at least or 348 Lenore St. #1 348 Lenore St. #	nt is to be vested in the ne initial member. Address Twin Falls ID 83301 1 Twin Falls ID 83301 he limited liability company:

Typed Name: Anna Collins

Capacity: member

IDAHO SECRETARY OF STATE 1 @ 100.00 = 100.00 ORGAN LLC # 2