

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

Click here to clear form.

CE TO	(Instructions on back	ofapplication)	CCOP 9: 20
1'	The name of the limited liability comp	cany is:	SECRETARY OF STATE STATE OF IDAHO
	YARD ARM L.L.C.		OIATE OF IDAHO
2.	The street address of the initial regist		
	and the name of the initial registered STEVE BENNETT	agent at the above addre	ss is:
3.	The mailing address for future corres		
4.	Management of the limited liability co	ompany will be vested in:	
v	Manager(s) or Member(s) X	(please check the appropriate	box)
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.		
	Name		Address
	STEVE BENNETT 1201 SUNBURST TWIN FALLS, ID 83301		FALLS, ID 83301
	SIEVE DEMNETT		
	MICAH BENNETT	1201 SUNBURST TWIN	FALLS, ID 83301
		1201 SUNBURST TWIN	FALLS, ID 83301
		1201 SUNBURST TWIN	FALLS, ID 83301
		1201 SUNBURST TWIN	FALLS, ID 83301
		1201 SUNBURST TWIN	FALLS, ID 83301
	MICAH BENNETT		
	MICAH BENNETT Signature of at least one person res		nited liability company:
	Signature of at least one person res		
	MICAH BENNETT Signature of at least one person res		nited liability company:
	Signature of at least one person responsible to the state of the state	ponsible for forming the lin	nited liability company:
	Signature of at least one person responsed by the state of the state o		nited liability company: Secretary of State use only

W62410