



## **ARTICLES OF ORGANIZATION** LIMITED LIABILITY COMPANY TO JUN 16 AM 9: 07

(Instructions on back of application)

1.	The name of the limited liability comp	oany is: SECRETARY OF STATE STATE OF IDAHO	
2.	The street address of the initial registered office is:  505 Aspen Lane, Hope, Idaho 83836		
	and the name of the initial registered a	agent at the above address is:	
3.	The mailing address for future correspondence is:  P.O. Box 189, Cocolalla, Idaho 83813		
4.	Management of the limited liability company will be vested in:		
	Manager(s)  or Member(s)	(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	
	Ron Hazel	505 Aspen Lane, Hope, Idaho 83836	
	6. Signature of at least one person responsible for forming the limited liability company:  Signature:		
	Typed Name: Ron Hazel	Secretary of State use only	
(	Capacity: Manager	oforganiza	
	Signature	Secretary of State use only   Secretary of State use only	
(	Capacity:	1 @ 100.00 = 180.00 ORGAN LLC # 2	

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