

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

06 AUG 31 PM 1:57

BYRD FAMILY HOLDINGS, LLC  The street address of the initial registered office is:  201 E. Center St., Pocatello, Idaho 83204  and the name of the initial registered agent at the above address is:  Eric L. Olsen		TO CIAIP
The street address of the initial registered office is:  201 E. Center St., Pocatello, Idaho 83204  and the name of the initial registered agent at the above address is:  Eric L. Olsen  The mailing address for future correspondence is:  P.O. Box 1391, 201 E. Center St., Pocatello, ID 83204  Management of the limited liability company will be vested in:  Manager(s) or Member(s) (please check the appropriate box)  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  Josie H. Byrd Living Trust, 3854 Swan Valley Highway	. The name of the limited liability comp	pany is: SECRETARY OF STATE
and the name of the initial registered agent at the above address is:  Eric L. Olsen  The mailing address for future correspondence is:  P.O. Box 1391, 201 E. Center St., Pocatello, ID 83204  Management of the limited liability company will be vested in:  Manager(s) or Member(s) or Member(s) liberate check the appropriate box)  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  Josie H. Byrd Living Trust, 3854 Swan Valley Highway	BYRD FAMILY HOLDINGS, LLC	Olivie o
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00010 T.I. DJ.C. 100 400	Name	Address
- ID 00400	Josie H. Byrd Living Trust,	3854 Swan Valley Highway
		Palisades, ID 83428
	Signature of at least one person res	sponsible for forming the limited liability company
Signature: Secretary of State use only  Typed Name: Conrad Aiken	Signature: / Doctor	
	Signature:	Secretary of State use only
Signature:	Signature:	Secretary of State use only
Signature:	Signature:	Secretary of State use only

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