

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2007 APR -2 AM 9: 57

(Instructions on back of application)

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	me of the limited lia	ability company	y is:	\$7	RETARY OF STATE FATE OF IDAHO
	reet address of the est Main Street, Re	•			
	e name of the initial Madsen	registered age	ent at the abov	e address is	:
	ailing address for fu Box 836, Rexburg,	and the state of	dence is:		
4. Manag	gement of the limited	d liability compa	any will be ves	ited in:	
Manag	ger(s) 🗹 or Men	nber(s)	(please check the a	ippropriate box)	
addres	agement is to be ve ss(es) of at least on er(s), list the name(e initial manag	er. If manager	nent is to be	vested in the
	Name			Addr	988
Kire	Madsen	<u>P</u>	O. Box 836,	Rexburg, Ida	aho 83440
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6. Signa	ture of at least one;	oerson respons	sible for formin	ng the limited	liability company
Signati	ire:	<u></u>	- V2	Secre	etary of State use only
Typed	Name: Kire Madse	n			
Capaci	ty: Manager		brgsmitz		
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	ire		formal LC forms		IDAHD SECRETARY 64/02/2007
	Name:		Commission	1	1 2 100.00 = 100.00
Capac	ty:				

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