



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

07 AUG 23 AM 10:22

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Swope, LLC

2. The street address of the initial registered office is:

223 N. 6th Street, Suite 425, Boise, Idaho 83702

and the name of the initial registered agent at the above address is:

Michael J. Swope

3. The mailing address for future correspondence is:

223 N. 6th Street, Suite 425, Boise, Idaho 83702

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

Michael J. Swope

223 N. 6th Street, Suite 425, Boise ID 83702

6. Signature of at least one person responsible for forming the limited liability company:

Signature: 

Typed Name: Michael J. Swope

Capacity: Manager

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

g:\corp\forms\LLC\form\articles\organization.pdf
Revised 07/2002

Web Form

IDAHO SECRETARY OF STATE
08/23/2007 05:00
CK: 54621 CT: 67242 RH: 1072212
1 @ 100.00 = 100.00 ORGAN LLC # 3
1 @ 20.00 = 20.00 EXPEDITE C # 4

W65970