

ARTICLES OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 08 JAN 25 AM 8: 45

E01	(Instructions on back	or application)	SECRETARY OF STATE
	ame of the limited liability com	pany is:	STATE OF IDAHO
	reet address of the initial regis		
611 (CINDY DR, TWIN FALLS, ID	83301	
and th	e name of the initial registered	l agent at the abo	ove address is:
BRIA	N TUREMAN		
3. The m	ailing address for future corre	spondence is:	
	CINDY DR, TWIN FALLS, ID	·	
. The lin	nited liability company will be:		
	ger-managed 🚺 or Membe	<u></u>	(please check the appropriate box)
5. If man	ager-managed, list the name(nber-managed, list the name(s	s) and address(es) and address(e	es) of at least one initial manage s) of at least one initial member
	Name		Address
B D1/	N J. TUREMAN	611 CINDY DE	R, TWIN FALLS, ID 83301
	ILEE W. TURMAN		R, TWIN FALLS, ID 83301
<u> </u>	ILEE VV. TURIVINI	OTT ORROTE OF	4
		<u></u>	
6. Signa	ture of at least one person res	sponsible for forn	ning the limited liability company
Signat	ure:	<u> </u>	Secretary of State use only
Typed	Name: BRIANTJ. TUREMAN	mgrow' bu	meeting of contract only
Capac	ity: MANAGER	· '72)	W70739
		in the contract of the contrac	f f
_	ure	CONTRALLC CONTRACT Reviewed CS/2007	91/25/2008 65 CK: 4889 CT: 163746 TH: 1 0 189.98 = 189.88 ORG
	Name:	Months March March	ig jes.es = ies.es urg
Capac	ity:	<u> </u>	