

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

	LIMITED LIABILIT	TY COMPANY ZOOS NOV	
ER	(Instructions on back	cofapplication)  SECRETARY OF STATE  STATE OF DAY OF STATE	
1.	The name of the limited liability comp	pany is: STATE OF OF	
	LJ Holdings LLC	"E OF DAYATE	
2.	The street address of the initial regist	tered office is:	
	123 Stirrup St., Filer, Id. 83328	<del></del>	
	and the name of the initial registered	agent at the above address is:	
	James Wray	· · · ·	
3.	The mailing address for future corresp	pondence is:	
	PO Box 636, Filer, Id. 83328	<del>.</del>	
4	Management of the limited liability co	ompany will be vested in:	
••	Manager(s) or Member(s) (please check the appropriate box)		
	managor(a) [4] or mainber(a)	Program rue abbiobistra poy)	
		If management is to be vested in one or more manager(s), list the name(s) and	
5.		<b>—</b> • • • • • • • • • • • • • • • • • • •	
5.	address(es) of at least one initial man	or more manager(s), list the name(s) and nager. If management is to be vested in the ress(es) of at least one initial member.	
5.	address(es) of at least one initial man	nager. If management is to be vested in the	
5.	address(es) of at least one initial man member(s), list the name(s) and addr	nager. If management is to be vested in the ress(es) of at least one initial member.	
5.	address(es) of at least one initial man member(s), list the name(s) and addr Name	nager. If management is to be vested in the ress(es) of at least one initial member.  Address	
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	address(es) of at least one initial man member(s), list the name(s) and address Wray  Laury Lamb	nager. If management is to be vested in the ress(es) of at least one initial member.  Address  PO Box 636, Filer, Id. 83328	
<b>6</b> .	Address(es) of at least one initial man member(s), list the name(s) and address Wray  Laury Lamb  Signature of at least one person response Signature:	nager. If management is to be vested in the ress(es) of at least one initial member.  Address  PO Box 636, Filer, Id. 83328  PO Box 364, Jerome, Id. 83338	
6.	Address(es) of at least one initial man member(s), list the name(s) and address Wray  Laury Lamb  Signature of at least one person response Signature:  Typed Name: James Wray	PO Box 636, Filer, Id. 83328 PO Box 364, Jerome, Id. 83338  Possible for forming the limited liability company:	
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6.	address(es) of at least one initial man member(s), list the name(s) and address Wray  Laury Lamb  Signature of at least one person response Signature:  Typed Name:  James Wray  Manager	PO Box 636, Filer, Id. 83328 PO Box 364, Jerome, Id. 83338  Possible for forming the limited liability company:  Secretary of State use only	
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