



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2004 NOV -9 PM 2:09

STATE OF IDAHO

1. The name of the limited liability company is:

TETON COUNTY TITLE, L.L.C.

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

940 BUCKHORN DR.; HAILEY, IDAHO 83333

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

MICHAEL DONOVAN

3. The mailing address for future correspondence is:

P.O. BOX 84, SUN VALLEY, IDAHO 83353

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

TIMOTHY EAGAN

P.O. BOX 84, SUN VALLEY, IDAHO 83353

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

Signature:

Typed Name: TIMOTHY EAGAN

Capacity: MANAGER/MEMBER

Signature: _____

Typed Name: _____

Capacity: _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
11/09/2004 05:00
CK: 7793 CT: 161409 DH: 775757
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