

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

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	(instructions on back or	application)	STATE OF	OF STATE
1.	The name of the limited liability compar	•	MENT.		IDAHO E
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2.	The street address of the initial register	ed office is:		:	
	1120 East 25th Street, Idaho Falls, Idaho Fa	daho 83402	2		
	and the name of the initial registered ag	ent at the a	bove addre	ss is:	
12	BRANT JOHNSON		en e	Draw Manual .	<u> </u>
3.	The mailing address for future correspond	ndence is:			
,	1120 East 25th Street, Idaho Falls, Id	daho 83402	2	r te	
4.	Management of the limited liability comp	any will be	vested in:		:
	Manager(s) or Member(s)	(please check	the appropriate	box)	
5.					
.	address(es) of at least one initial managemember(s), list the name(s) and addres				
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9 .	member(s), list the name(s) and addres	s(es) of at l	east one ini	tial member. Address	
	member(s), list the name(s) and addres	s(es) of at l	east one ini	tial member.	
	member(s), list the name(s) and addres	s(es) of at l	east one ini	tial member. Address	
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	member(s), list the name(s) and addres	s(es) of at l	east one ini	tial member. Address	
6.	member(s), list the name(s) and addres	s(es) of at le	east one ini 25th Street	tial member. Address Idaho Falls, Idaho Fal	laho 834€i
6.	Name Brant Johnson Signature of at least one person espons Signature: Typed Name: BRANT JOHNSON	s(es) of at le	east one ini 25th Street	tial member. Address Idaho Falls, Idaho Fa	npany:
6.	Name Brant Johnson Signature of at least one person responses	s(es) of at le	east one ini	tial member. Address Idaho Falls, Idaho Fal	npany:
6.	Name Brant Johnson Signature of at least one person espons Signature: Typed Name: BRANT JOHNSON	s(es) of at le	east one ini	tial member. Address Idaho Falls, Idaho Fal	mpany: e only ETARY OF STATE
6.	Signature of at least one person espons Signature: Typed Name: BRANT JOHNSON Capacity: MANAGER	s(es) of at le	east one ini	tial member. Address Idaho Falls, Idaho Fa	mpany: e only ETARY OF STATE