



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
2005 MAY 11 AM 8:15

STATE OF IDAHO

1. The name of the limited liability company is:

GOT STUCCO, LLC

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

420 WILSON DRIVE, IDAHO FALLS, ID 83401

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

L. KELLY JACKSON

3. The mailing address for future correspondence is:

SAME

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
<u>L. KELLY JACKSON</u>	<u>420 WILSON DR, IDAHO FALLS, ID 83401</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

Signature: *Kelly Jackson*

Typed Name: L. KELLY JACKSONS

Capacity: MANAGER

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Secretary of State use only

9:30pm 07/2002  
Revised 07/2002  
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05/12/2005 05:00  
CK: 11123 CT: 67982 BH: 809921  
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