ARTICLES OF C	DRGANIZATION FFECTIVE
LIMITED LIABIL	
(Instructions on ba	
	R.C.
1. The name of the limited liability of	company is:
SANDERS CONCESSIONS	<u>دل ک</u>
2. The street address of the initial re	egistered office is:
401 1/2 E. SHERMAN AVE, CO	EUR D'ALENE, IDAHO 83814
and the name of the initial registe	ered agent at the above address is:
PATRICK SANDERS	
3. The mailing address for future co	prespondence is:
401 1/2 E.SHERMAN AVE, COL	
4. The limited liability company will I	na series de la <u>serie</u> de la calencia
Manager-managed 🔽 or Mem	ber-managed (please check the appropriate box)
5. If manager-managed, list the nan	nber-managed [(please check the appropriate box) ne(s) and address(es) of at least one initial manager. ne(s) and address(es) of at least one initial member.
5. If manager-managed, list the nan	ne(s) and address(es) of at least one initial manager.
5. If manager-managed, list the nan If member-managed, list the nam <u>Name</u>	ne(s) and address(es) of at least one initial manager. ne(s) and address(es) of at least one initial member. <u>Address</u>
5. If manager-managed, list the nan If member-managed, list the nam	ne(s) and address(es) of at least one initial manager. ne(s) and address(es) of at least one initial member. <u>Address</u> <u>401 1/2 E. SHERMAN AVE,</u>
5. If manager-managed, list the nan If member-managed, list the nam <u>Name</u>	ne(s) and address(es) of at least one initial manager. ne(s) and address(es) of at least one initial member. <u>Address</u>
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5. If manager-managed, list the nam If member-managed, list the nam <u>Name</u> PATRICK SANDERS	ne(s) and address(es) of at least one initial manager. ne(s) and address(es) of at least one initial member. Address 401 1/2 E. SHERMAN AVE, COEUR D'ALENE, IDAHO 83814
5. If manager-managed, list the nam If member-managed, list the nam <u>Name</u> PATRICK SANDERS	ne(s) and address(es) of at least one initial manager. ne(s) and address(es) of at least one initial member. <u>Address</u> <u>401 1/2 E. SHERMAN AVE,</u>
 5. If manager-managed, list the name If member-managed, list the name Name PATRICK SANDERS 6. Signature of at least one person Signature: PATRICK SANDERS 	responsible for forming the limited liability company:
 5. If manager-managed, list the name If member-managed, list the name Name PATRICK SANDERS 6. Signature of at least one person of Signature: https://www.mailto.com 6. Signature of at least one person of Signature: https://www.mailto.com 	responsible for forming the limited liability company:
 5. If manager-managed, list the name If member-managed, list the name Name PATRICK SANDERS 6. Signature of at least one person Signature: PATRICK SANDERS 	responsible for forming the limited liability company:
 5. If manager-managed, list the name name Name PATRICK SANDERS 6. Signature of at least one person signature: <u>PATRICK SANDE</u> Gignature: <u>PATRICK SANDE</u> Capacity: <u>OWNER</u> 	responsible for forming the limited liability company:
 5. If manager-managed, list the name If member-managed, list the name Name PATRICK SANDERS 6. Signature of at least one person of Signature: https://www.mailto.com 6. Signature of at least one person of Signature: https://www.mailto.com 	responsible for forming the limited liability company:

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