

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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(**************************************	ack of application)	Ο,
1. The name of the limited liability co	ompany is:	
Lake Fork Woodcraft, L.L.C.		***
2. The street address of the initial re-	gistered office is:	
204 N.W. 9th St, Fruitland, Ida		
and the name of the initial register		
Michael D. Smith		
3. The mailing address for future corre		
204 N.W. 9th St., Fruitland, Idah		
 Management of the limited liability 	company will be vested in:	
Manager(s) 🔽 or Member(s) [
	ne or more manager(s), list the name(s) and anager. If management is to be vested in the dress(es) of at least one initial member.	
Name	Address	
Name	Address	
Name	Address	
Michael D. Smith	Address	
Michael D. Smith Signature of at least one person responsion for the second se	Address 204 N.W. 9th St., Fruitland, Idaho 83619 consible for forming the limited liability company:	
Michael D. Smith Signature of at least one person respondence: Signature: Molas Amar Typed Name: Michael D. Smith	Address 204 N.W. 9th St., Fruitland, Idaho 83619 consible for forming the limited liability company:	
Michael D. Smith Signature of at least one person responsion for the second se	Address 204 N.W. 9th St., Fruitland, Idaho 83619 consible for forming the limited liability company:	
Michael D. Smith Signature of at least one person resp	204 N.W. 9th St., Fruitland, Idaho 83619 Donsible for forming the limited liability company: Secretary of State use only	

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