

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECT VE

SECRETARY OF STATE

1.	The name of the limited liability compa	any is:	···································	STATE OF IDAHO
2.	ne street address of the initial registered office is: 2851 Chasewood Dr. Ammon, ID 83406			
	and the name of the initial registered a Julie Pond			ddress is:
3.	The mailing address for future correspondence is: 2851 Chasewood Dr. Ammon, ID 83406			
4.	The limited liability company will be: Manager-managed			
5.	If manager-managed, list the name(s) If member-managed, list the name(s)	and addre	ss(es) of ss(es) of	at least one initial manager. at least one initial member. Address
	JULIE POND			r. Ammon, ID 83406
6.	Signature: Signature: Typed Name: JULIE POND Capacity: Member Managed Signature	pnsible for	formal puriod organization of the control of the co	Secretary of State use only IDAHO SECRETARY OF STATE
	Typed Name:	· · · · · · · · · · · · · · · · · · ·	Morms L1(11/19/2007 05:0 CK: 1584 CT: 219789 BH: 18868 1 8 188.68 = 188.88 ORGAN LLC

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