

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE 2007 MAR 19 AM 9: 13

1. The name of the limited like	allia, annua a cons	Seattive 12 wit 2, 10
The name of the limited liab	· •	SEORETARY OF STATE
Stone Mountain Masonry,	, LLC	STATE (SE IDAY)
2. The street address of the ini	itial registered office is:	
917 Oliver Rd Victor,	ID 83455	
and the name of the initial re	egistered agent at the above a	Idrace ic
Jeff B. Forbush	goration agont at allo above at	iuress is.
3. The mailing address for futur	re correspondence is:	
PO Box 1043 Victor, ID 83		
4. Management of the limited li	ability company will be vested	n:
Manager(s) 🗸 or Membe	er(s) (please check the approp	riate box)
5. If management is to be veste	ed in one or more manager(s), l nitial manager. If management	is to be vected in the
address(es) of at least one in member(s), list the name(s) a	and address(es) of at least one	initial member.
address(es) of at least one in	and address(es) of at least one	initial member.
member(s), list the name(s) a	and address(es) of at least one	e initial member. Address
member(s), list the name(s) a	and address(es) of at least one PO Box 1043 Victor	e initial member. Address
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Mame Jeff B. Forbush	PO Box 1043 Victor	Address , ID 83455
Mame Jeff B. Forbush	PO Box 1043 Victor	Address , ID 83455
member(s), list the name(s) a	PO Box 1043 Victor	Address , ID 83455
Mame Jeff B. Forbush 6. Signature of at least one persons Signature: Typed Name: Jeff B. Forbush	PO Box 1043 Victor	Address , ID 83455
Mame Jeff B. Forbush 6. Signature of at least one personal signature:	PO Box 1043 Victor	Address , ID 83455
Address(es) of at least one in member(s), list the name(s) a Name Jeff B. Forbush 6. Signature of at least one personal Signature: Typed Name: Jeff B. Forbush Capacity: Owner	PO Box 1043 Victor	Address , ID 83455
Address(es) of at least one in member(s), list the name(s) a Name Jeff B. Forbush 6. Signature of at least one personal signature: Typed Name: Jeff B. Forbush Capacity: Owner Signature Signature	PO Box 1043 Victor	Address , ID 83455 Imited liability company: Secretary of State use only
Address(es) of at least one in member(s), list the name(s) a Name Jeff B. Forbush 6. Signature of at least one personal Signature: Typed Name: Jeff B. Forbush Capacity: Owner	PO Box 1043 Victor PO responsible for forming the	Address , ID 83455

1 0 106.00 = 188.00 ORGAN LLC # 2

