ARTICLES OF ORGANIZATION

Corporation Division
sos.oregon.gov/business

E-FILED
Nov 10, 2025
OREGON SECRETARY OF STATE

REGISTRY NUMBER

248928699

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

1. ENTITY NAME

MNKM LLC

2. MAILING ADDRESS

19375 SEMINOLE CIR
BEND OR 97702 USA

3. PRINCIPAL PLACE OF BUSINESS

19375 SEMINOLE CIR
BEND OR 97702 USA

4. NAME & ADDRESS OF REGISTERED AGENT

NAOMI BLAIR

2300 NE 4TH ST # 5367
BEND OR 97701 USA

5. ORGANIZERS

NAOMI BLAIR

PO BOX 5367
BEND OR 97708 USA

6. INDIVIDUALS WITH DIRECT KNOWLEDGE

NAOMI BLAIR

PO BOX 5367
BEND OR 97708 USA

7. DURATION

PERPETUAL

8. MANAGEMENT

This Limited Liability Company will be member-managed by one or more members

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

NAOMI BLAIR

TITLE

MEMBER

DATE

11-09-2025