

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

ELED EFFECTIVE SECRETAR

1.	The name of the limited liability com	npany is:	STATE OF IDAHO
2.	The street address of the initial registered office is: 273 Winged Foot Place, Eagle, ID 83616		
	and the name of the initial registered	d agent at the abo	ove address is:
3.	The mailing address for future correspondence is: 273 Winged Foot Place, Eagle, ID 83616		
4.	If member-managed, list the name(s) and address(es) of at least one initial member.		
5.			
	<u>Name</u>	:	Address
	Amy Jo Walling	273 Winged Fo	oot PI, Eagle, ID 83616
6. Signature of at least one person responsible for forming the limited liability company:			
	Signature:	And nother board	Secretary of State use only
	Signature	LC formierte	
	Typed Name:	Compliant Ravins	IDAHO SECRETARY OF STATE 09/26/2007 05:00 CK: 1288821 CT: 172099 8H: 1877