

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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1.	The name of the limited liability comp	pany is:		SECRETARY OF STATE STATE OF 19 HIO
2.	The street address of the initial regis		is:	
	and the name of the initial registered JOEL E SWEAT	agent at th	e above add	ressis:
3.	The mailing address for future correspondence is: 812 MAIN AVENUE NORTH, TWIN FALLS, IDAHO 83301			
4.	Management of the limited liability company will be vested in:			
	Manager(s) or Member(s) (please check the appropriate box)			
5.	 If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member. 			
	Name Address			
	JOEL E SWEAT	5715 HV	VY 93, JERO	DME, ID 83338
6.	Signature of at least one person resp	oonsible for	forming the	limited liability company:
	Signature: To a Sunat Typed Name: JOEL E SWEAT		· · · · · · · · · · · · · · · · · · ·	Secretary of State use only
	CapacityMANAGER Signature		g complemistLLC formstattsoforganization p65 Revised 07/2002	W50580
	Typed Name:		6mstl.l.Cfornst Revised 07/2002	IDAHO SECRETARY OF STATE KO
	Capacity		t Ker	05/11/2006 05:00 CK: 1180 CT: 200186 BH: 95414 1 0 100.00 = 100.00 ORGAN LLC