

ARTICLES OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 08 FEB -4 AM 9: 01

H	(instructions on baci	K OT APPRICATION)
1.	The name of the limited liability con	SECRETARY OF STATE mpany is: STATE OF IDAHO
2.	The street address of the initial reg	istered office is:
-	320 Michigan Avenue Suite 306	Orofino, ID 83544
	and the name of the initial registere	ed agent at the above address is:
	Pamela A. Jones	
3.	The mailing address for future corre	espondence is:
	P.O. Box 408, Orofino, ID 83544	
4.	The limited liability company will be	
	Manager-managed or Member	er-managed (please check the appropriate box)
		terrored .
5.	If manager-managed, list the name(s) and address(es) of at least one initial manager. If member-managed, list the name(s) and address(es) of at least one initial member.	
	Name	Address
	Pamela A. Jones	150 Dogwood, Orofino, ID 83544
		7.000
6.		
	Signature of at least one person res	sponsible for forming the limited liability company:
		sponsible for forming the limited liability company:
	Signature: Pamola A. a	sponsible for forming the limited liability company: Secretary of State use only
•		Secretary of State use only
•	Signature: Pamela A. Gryped Name: Pamela A. Jones	((0,0,1)
. (Signature: Pamela A. Gryped Name: Pamela A. Jones Capacity: Owner Signature	Secretary of State use only W71034
	Signature: Pamela A. G. Pamela A. Jones Capacity: Owner	Secretary of State use only