

V 2005 SEP -9 AM 9: 21

(Instructions on back of application)

1.	The name of the limited liability comp	SECRETANT OF STATE STATE OF 10040
2.	The street address of the initial register	ered office is: PROAD) BONNERS FERRY, IDAHO, 83805
	and the name of the initial registered a	
3.	The mailing address for future correspondence is: 17465 WEST RIVERVIEW DRIVE, POST FALLS, IDAHO 83854	
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
	Ronald L. Grove	17465 West Riverside, Post Falls, ID 83854
	Signature of at least one person responsible for forming the limited liability company:	
•	Signature: Ronald L. Score Typed Name: RONALD L. GROVE Capacity: Manager/Organizer	Secretary of State use only Secretary of State use only
•	Signature Typed Name: Capacity:	IDAHO SECRETARY OF STATE 99/09/2005 05:00 CK: 1032 CT: 192127 BH: 910787 1 0 100.00 = 100.00 ORGAN LLC (

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