

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2006 NOV 15 AM 8: 39

| | e name of the limited liability compa | any is: SECRETARY OF STATE STATE OF IDAHO |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | e street address of the initial registe | |
| | 295 E Best Avenue Coeur d'Alene | |
| an | d the name of the initial registered a | agent at the above address is: |
| A | Amy Shibley | |
| 3. Th | e mailing address for future corresp | oondence is: |
| 1 | 295 E Best Avenue Coeur d'Alene | e, ID 83814 |
| 4. Ma | anagement of the limited liability cor | mpany will be vested in: |
| Ма | anager(s) 🗸 or Member(s) 🗌 | (please check the appropriate box) |
| | | |
| ad | dress(es) of at least one initial man | or more manager(s), list the name(s) and ager. If management is to be vested in the ess(es) of at least one initial member. |
| ad | dress(es) of at least one initial man | ager. If management is to be vested in the |
| ad me | dress(es) of at least one initial man ember(s), list the name(s) and addre | ager. If management is to be vested in the ess(es) of at least one initial member. |
| ad me | Idress(es) of at least one initial man ember(s), list the name(s) and addre Name | ager. If management is to be vested in the ess(es) of at least one initial member. Address |
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| ad me | Idress(es) of at least one initial man ember(s), list the name(s) and address Name Amy Shibley | ager. If management is to be vested in the ess(es) of at least one initial member. Address 1295 E Best Avenue Coeur d'Alene, ID 83814 |
| ad me | Idress(es) of at least one initial man ember(s), list the name(s) and address Name Name Amy Shibley gnature of at least one person response. | ager. If management is to be vested in the ess(es) of at least one initial member. Address 1295 E Best Avenue Coeur d'Alene, ID 83814 onsible for forming the limited liability company: |
| ad me | Idress(es) of at least one initial man ember(s), list the name(s) and address Name Name Amy Shibley gnature of at least one person response in the control of the contro | ager. If management is to be vested in the ess(es) of at least one initial member. Address 1295 E Best Avenue Coeur d'Alene, ID 83814 onsible for forming the limited liability company: |
| ad me 6. Sig Typ | Idress(es) of at least one initial man ember(s), list the name(s) and address Name Name Amy Shibley gnature of at least one person responsed Name: Amy Shibley | ager. If management is to be vested in the ess(es) of at least one initial member. Address 1295 E Best Avenue Coeur d'Alene, ID 83814 onsible for forming the limited liability company: |
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Typed Name:

Capacity:

IDAHO SECRETARY OF STATE

11/15/2006 05:00

CK: 966626 CT: 172839 BH: 1813754

1 8 188.88 = 188.88 ORGAN LLC # 2

1 8 28.80 = 28.88 EXPEDITE C # 3

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