

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY<sub>FILED</sub> EFFECTIVE

(Instructions on back of application)

2006 AUG -7 PH 3: 18

	·	1	NA AUG = 1 111 0 10
1.	The name of the limited liability compa	any is:	SECRETARY OF STATE
2.	SIAIE OF IDATE		
	and the name of the initial registered a Phil L. Stiffler Sr.	agent at the above address i	s:
3.	he mailing address for future correspondence is: P.O. Box 664, Meridian, ID 83640-0664		
4.	Management of the limited liability con	npany 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 Name	Address	
	Phil L. Stiffler Sr. 547 W. Welch Street, Meridian, ID 83642		idian, ID 83642
	Signature of at least one person responsible for forming the limited liability company:  Signature:  Secretary of State use only  Specific State use only		
	Capacity: Manager		
÷	Signature Typed Name: Capacity:	porphermak LC formwhertsofor Revised 07/2002	IDAHO SECRETARY OF STATE <b>08/07/2066 05:00</b> CK: 8348 CT: 147367 BH: 968914

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