ARTICLES OF OR LIMITED LIABILIT (Instructions on back	TY COMPANY	GI SEP 18 PM 1: 39 SECRETARY OF STATE
1. The name of the limited liability comp NELSON FINANCIAL SERVICES,		STATE OF IDAHO
2. The street address of the initial regist 13965 W. CHINDEN STE 112, BO		
and the name of the initial registered ROBERT M. NELSON	agent at the above addr	ess is:
3. The mailing address for future corres 13965 W. CHINDEN STE 112, BO		
4. Management of the limited liability co Manager(s)  or Member(s)	7	
<ol> <li>If management is to be vested in one address(es) or at least one initial man member(s), list the name(s) and add</li> </ol>	nager. If management is	to be vested in the
Name		Address
ROBERT M. NELSON	13965 W. CHINDEN 83713	STE 112, BOISE, IDAHO (
6. Signature of at least one person rest	ponsible for forming the l	imited liability company:
6. Signature of at least one person test Signature: <u>Fourtworkerse</u> Typed Name: <u>ROBERT. M. NELSO</u> Capacity: <u>CEO</u>	Ponsible for forming the	imited liability company: Secretary of State use only