

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
Brian Nilsson	891 Pinewood St. Chubbuck, ID 83202

6.	Signature of at least one person responsible for forming the limited liabilit	y com	pan	y:
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Signature: B 7/A Typed Name: Brian Nilsson Capacity: Manager

Secretary of State use only

Signature Typed Name: _____ Capacity:

IDAHO SECRETARY OF STATE CH 04/10/2006 05:00 CK: 772706 CT: 172099 BH: 948346 1 @ 100.00 = 100.00 ORGAN LLC # 2 20.00 = 20.00 EXPEDITE C # 3