## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

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	ARTICLES OF C	PRGANIZATION	13	
	LIMITED LIABIL	ITY COMPANY	**************************************	
	(Instructions on ba	ack of application)	ON CONTROLL	
	The name of the limited liability company is:			
	SWALLOW FAMILY, LLC			
	The street address of the initial register	The street address of the initial registered office is:		
	905 S. JARVIS ROAD, COEUR D'ALENE, ID 83814			
	and the name of the initial registered ag	gent at the above addres	s is:	
	DHN A. SWALLOW he mailing address for future correspondence is:			
	905 S. JARVIS ROAD, COEUR D'ALENE, ID 83814			
	Management of the limited liability company will be vested in:			
•	Management of the limited liability com	pany will be vested in:		
	Manager(s) X or Member(s) (pleas	se check the appropriate box)		
	Manager(s) X or Member(s) (please  If management is to be vested in one of address(es) or at least one initial management member(s), list the name(s) and address	se check the appropriate box)  If more manager(s), list the ger. If management is to ss(es) of at least one initial.	be vested in the al member.	
	Manager(s) X or Member(s) (please  If management is to be vested in one of address(es) or at least one initial management	se check the appropriate box)  r more manager(s), list th ger. If management is to	be vested in the al member.	
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•	Manager(s)	se check the appropriate box)  If more manager(s), list the ger. If management is to ss(es) of at least one initial Address  905 S. JARVIS RD., COEL	be vested in the al member.  s  UR D'ALENE, ID 83814	
•	Manager(s) X or Member(s) (please  If management is to be vested in one of address(es) or at least one initial management is the name(s) and address  Name  JOHN A. SWALLOW  Signature of at least one person responses to the second sec	se check the appropriate box)  If more manager(s), list the ger. If management is to ss(es) of at least one initial Address  905 S. JARVIS RD., COEL	be vested in the al member.  s  UR D'ALENE, ID 83814	
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5. 5.	Manager(s) X or Member(s) (please  If management is to be vested in one of address(es) or at least one initial management is to be vested in one of address(es) or at least one initial management is to be vested in one of address(es) or at least one initial management is to be vested in one of address in the initial management is to be vested in one of address in t	se check the appropriate box)  If more manager(s), list the ger. If management is to ss(es) of at least one initial Address  905 S. JARVIS RD., COEL	be vested in the al member.  s  UR D'ALENE, ID 83814  ted liability company:	
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