	ARTICLES OF LIMITED LIABI	ORGANIZATIO ILITY COMPAN	<u>Г// Б.</u>
1. The na	ame of the limited liability c		SECOLITIC
2. The st	reet address of the initial re	egistered office is:	
1570	N Willamette Dr Post Fall	ls, ID 83854	
	e name of the initial registe	ered agent at the above a	address is:
KYLI	E WAKEFIELD		
3. The m	nailing address for future co	prrespondence is:	
1570	N Willamette Dr Post Fal	ls, ID 83854	
4 Mana	gement of the limited liabilit	v company will be vested	d in:
- T , INCLUCA	goment et ale mine e	· · · · ·	
Mana	aer(s) or Member(s) X		
	ger(s) or Member(s) X		
5. If man	ger(s) or Member(s) X nagement is to be vested in ss(es) of at least one initial per(s), list the name(s) and	manager. If managemer	nt is to be vested in the
5. If man	nagement is to be vested in ss(es) of at least one initial	manager. If managemer	nt is to be vested in the
5. If mar addre memb	nagement is to be vested in ss(es) of at least one initial per(s), list the name(s) and	manager. If managemer address(es) of at least o	nt is to be vested in the ne initial member.
5. If mar addre memb	nagement is to be vested in ss(es) of at least one initial per(s), list the name(s) and Name	manager. If managemer address(es) of at least o	nt is to be vested in the ne initial member. Address
5. If mar addre memb	nagement is to be vested in ss(es) of at least one initial per(s), list the name(s) and Name	manager. If managemer address(es) of at least o	nt is to be vested in the ne initial member. Address
5. If mar addre memb	nagement is to be vested in ss(es) of at least one initial per(s), list the name(s) and Name	manager. If managemer address(es) of at least o	nt is to be vested in the ne initial member. Address
5. If mar addre memb	nagement is to be vested in ss(es) of at least one initial per(s), list the name(s) and Name	manager. If managemer address(es) of at least o	nt is to be vested in the ne initial member. Address
5. If mar addre memb	nagement is to be vested in ss(es) of at least one initial per(s), list the name(s) and Name	manager. If managemer address(es) of at least o	nt is to be vested in the ne initial member. Address
5. If man addre memb <u>KYL</u>	nagement is to be vested in ss(es) of at least one initial per(s), list the name(s) and Name IE WAKEFIELD	manager. If managemer address(es) of at least of 	nt is to be vested in the ne initial member. Address ette Dr Post Falls, ID 83854
5. If man addre memb <u>KYL</u> 6. Signa	ature of at least one person	manager. If managemer address(es) of at least of 	ht is to be vested in the ne initial member. Address ette Dr Post Falls, ID 83854 the limited liability company:
 If man addre memb <u>KYL</u> <u>KYL</u> G. Signat Signat Typed 	Anagement is to be vested in ss(es) of at least one initial ber(s), list the name(s) and Name IE WAKEFIELD	manager. If managemer address(es) of at least of 1570 N Willame	nt is to be vested in the ne initial member. Address ette Dr Post Falls, ID 83854
 If man addre memb <u>KYL</u> <u>KYL</u> G. Signat Signat Typed 	ature of at least one person	manager. If managemer address(es) of at least of 1570 N Willame	the limited liability company: Secretary of State use only IDAHO SECRETARY OF STATE 12/01/2006 05:0
 If man addre memb <u>KYL</u> <u>KYL</u> G. Signat Signat Typed Capac 	Anagement is to be vested in ss(es) of at least one initial ber(s), list the name(s) and Name IE WAKEFIELD	manager. If managemer address(es) of at least or 1570 N Willame	the limited liability company: Secretary of State use only