

**FILED EFFECTIVE**

(Instructions on back of application)

2006 MAY

STATE

8:11:58 AM :  
DE 10440

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.

**Address**

246 1/2 LOIS ST, TWIN FALLS, ID 83301-7635

- Capacity: \_\_\_\_\_

Secretary of State use only

**Formal Complaints Organization**

IDAHO SECRETARY OF STATE  
 05/08/2006 05:00  
 CK: 799651 CT: 172099 BH: 953614  
 1 @ 100.00 = 100.00 ORGAN LLC # 3

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