



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

RECEIVED
NOV 18 2002
SECRETARY OF STATE

1. The name of the limited liability company is:

Homestead Associates, LLC

2. The street address of the initial registered office is:

490 Memorial Drive, Idaho Falls, Idaho 83401

and the name of the initial registered agent at the above address is:

Steven R. Parry

3. The mailing address for future correspondence is:

P.O. Box 51630, Idaho Falls, Idaho 83405-1630

4. Management of the limited liability company will be vested in:

Manager(s) or Member(s) (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) or 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
<u>Steven R. Parry</u>	<u>490 Memorial Drive, P.O. Box 51630</u>
<u></u>	<u>Idaho Falls, ID 83405-1630</u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

6. Signature of at least one person responsible for forming the limited liability company:

Signature: *Steven R. Parry*
Typed Name: Steven R. Parry
Capacity: Manager

Signature _____
Typed Name: _____
Capacity: _____

Secretary of State use only

IDAH0 SECRETARY OF STATE
 11/12/2002 05:00
 CK: 35832 CT: 2034 BH: 645321
 1 @ 100.00 = 100.00 ORGAN LLC # 2

W 21373

g:\corp\forms\LLC\forms\articles\organization.p65
 Revised 07/2002
 Web Form