ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY (Instructions on back of application) STATE OF IDAHO



anagement of the limited liability company vested in a manager or managers? Yes No (check appropriate box) Inagement is vested in one or more manager(s), list the name(s) and addressed one initial manager. If management is vested in the members, list the name(ess(es)) of at least one member. Name: St M Jensen 285 Balsam Cir, Idaho Falls, Idaho rt B. Poulsen 1020 10th St., Idaho Falls, Idaho rt B. Poulsen 1020 10th St., Idaho Falls, Idaho rt B. Poulsen	list the name(s) and address the members, list the na Address: sam Cir, Idaho Falls, th St., Idaho Falls, Id	more manager(ement is vested r. 285 1 1020	ested in one or nager. If manage ast one member ame:	f management is east one initial naddress(es) of a Ernest M Jense Robert B. Pouls
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latest date certain on which the professional limited liability company will disso December 31, 2050	ed liability company will o	e professional li		
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al registered agent at that address is Ernest M. Jensen	. Jensen	7		9
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