

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2006 AUG 31 AM 8: 54

2. The street address of the initial registered office is: 2481 N. Larchmont, Meridian, ID 83646 and the name of the initial registered agent at the above address is: Brent Van Patten, 3. The mailing address for future correspondence is: 2481 N. Larchmont, Meridian, ID 83646 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) 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. Name	1.	The name of the limited liability comp	-	SECRETARY OF STATE. STATE OF IDAHO	
Brent Van Patten. 3. The mailing address for future correspondence is: 2481 N. Larchmont, Meridian, ID 83646 4. Management of the limited liability company will be vested in: Manager(s) or Member(s)	2.				
2481 N. Larchmont, Meridian, ID 83646 4. Management of the limited liability company will be vested in: Manager(s) or Member(s) lease check the appropriate box) 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. Name Address Brent Van Patten Gail Van Patten 2481 N. Larchmont, Meridian, ID 83646 2481 N. Larchmont, Meridian, ID 83646 2481 N. Larchmont, Meridian, ID 83646 Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: Brent Van Patten Capacity: Manager		· ·			
Manager(s) or Member(s) lease check the appropriate box) 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. Name Address Brent Van Patten 2481 N. Larchmont, Meridian, ID 83646 Gail Van Patten 2481 N. Larchmont, Meridian, ID 83646 Gail Van Patten Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: Brent Van Patten Capacity: Manager	3.	•			
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. Name Address Brent Van Patten Gail Van Patten 2481 N. Larchmont, Meridian, ID 83646 2481 N. Larchmont, Meridian, ID 83646 2481 N. Larchmont, Meridian, ID 83646 Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: Brent Van Patten Capacity: Manager	4.	Management of the limited liability company will be vested in:			
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. Name Address Brent Van Patten Gail Van Patten 2481 N. Larchmont, Meridian, ID 83646 2481 N. Larchmont, Meridian, ID 83646 2481 N. Larchmont, Meridian, ID 83646 Signature of at least one-person responsible for forming the limited liability company: Signature: Typed Name: Brent Van Patten Capacity: Manager		Manager(s) or Member(s) (please check the appropriate box)			
Brent Van Patten Gail Van Patten 2481 N. Larchmont, Meridian, ID 83646 2481 N. Larchmont, Meridian, ID 83646 6. Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: Brent Van Patten Capacity: Manager	5.	address(es) of at least one initial manager. If management is to be vested in the			
Gail Van Patten 2481 N. Larchmont, Meridian, ID 83646 6. Signature of at least one-person responsible for forming the limited liability company: Signature: Typed Name: Brent Van Patten Capacity: Manager Secretary of State use only		Name Address			
6. Signature of at least one person responsible for forming the limited liability company: Signature: Secretary of State use only Typed Name: Brent Van Patten Capacity: Manager		Brent Van Patten	2481 N. Larchmont, Meridia	n, ID 83646	
Signature: A Capacity: Secretary of State use only		Gail Van Patten	2481 N. Larchmont, Meridia	n, ID 83646	
Signature: A Capacity: Secretary of State use only					
Signature: A Capacity: Secretary of State use only					
Typed Name: Brent Van Patten Capacity: Manager	1) //(
Capacity: Manager			Secreta Secreta	ry of State use only	
baaca		= -			
Capacity: Manager Capacity: Manager Typed Name. Sum Vari Valuer Page 108/31/2006 05 = 0		Signature <u>Mal Van Patter</u>	LLC formater feodon		
		Capacity: Manager	Optional Revise		