

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY 2006 SEP -5 AM 8: 35

(Instructions on back of application) CEODETARY OF STATE

	SECULIANI OF STATE
1. The name of the limited lial	bility company is: STATE OF IDAHO
FIRST TETON MORTGA	AGE, LLC
2. The street address of the ir	nitial registered office is:
1192 S. 52 E., IDAHO FA	
	registered agent at the above address is:
SCOTT R. SEEDALL, ES	SQ.
The mailing address for fut	ure correspondence is:
1192 S. 52 E., IDAHO FA	ALLS, IDAHO 83401
4. Management of the limited	liability company will be vested in:
Manager(s) 🗸 or Memi	
address(es) of at least one	sted in one or more manager(s), list the name(s) and e initial manager. If management is to be vested in the s) and address(es) of at least one initial member.
Name	Address
	825 W. 66TH S. IDAHO FALLS, IDAHO 83402
AMOUELLE LORDELL	
MICHELLE LOBDELL	825 W. 66 IH S. IDAHO PALES, IDAHO 63402
MICHELLE LOBDELL	825 W. 66 TH S. IDAHO FALLS, IDAHO 60402
MICHELLE LOBDELL	825 W. 661H S. IDAHO FALLS, IDAHO 63402
MICHELLE LOBDELL	825 W. 661H S. IDAHO FALLS, IDAHO 6340.
MICHELLE LOBDELL	825 W. 661H S. IDAHO FALLS, IDAHO 6340
MICHELLE LOBDELL	825 W. 661H S. IDANO FALLS, IDANO 6340
6. Signature of at least one po	erson responsible for forming the limited liability company:
6. Signature of at least one posignature:	erson responsible for forming the limited liability company:
6. Signature of at least one posignature: Typed Name: SCOTT R. S	erson responsible for forming the limited liability company:
6. Signature of at least one posignature:	erson responsible for forming the limited liability company:
6. Signature of at least one posignature: Typed Name: SCOTT R. S	erson responsible for forming the limited liability company:
6. Signature of at least one posignature: Typed Name: SCOTT R. SC	erson responsible for forming the limited liability company: SEEDALL Secretary of State use only W 5406 IDANO SECRETARY OF