## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY FILED FFECTIVE

(instructions on back of application)

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1.	The name of the limited liability company is	SECRETARY UF STATE STATE OF IDAHO  STATE OF IDAHO
2.	The address of the initial registered office is	
	agent at that address is: TIM URLING	and the name of the initial registered
	Signature of registered agent: 4 M	eling Jin Urling
3.	Management of the limited liability compan	ny will be vested in:
	Manager(s) or Member(s) X. (Please	check the appropriate box)
4.	If management is to be vested in one or mo at least one initial manager. If managemen and address(es) of at least one initial memb	re manager(s), list the name(s) and address(es) of t is to be vested in the members, list the name(s) er.
	<u>Name</u>	Address
	TIM URLING	1278 S. WOODRUFF AVE. ID FALLS, ID
	LEE URLING	1278 S. WOODRUFF AVE. ID FALLS, ID
5.	Signature of at least one person responsible for forming the limited liability company:  Fun Wrung Fun Wulng	
		IDAHÐ SECKETARA BERÐANDE ONLY  8 04/23/2001 09:00  CK: 1033 CT: 99662 BH: 392634
		CK: 1033 CT: 99662 BH: 392634  1 0 100.00 ORGAN LLC 1 2
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