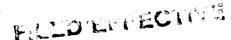


ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY



(Instructions on back of application)

1.	The name of the limited liability company i	•
	• · · · · · · · · · · · · · · · · · · ·	SLUBBIARY OF STATE
2.	The street address of the initial registered of	STATE OF IDAHO fice is: 525 Park Avenue, Idaho
	Falls, Idaho 83405	and the name of the initial registered
	agent at the above address is: Sandra D. Terrill	
3.	The mailing address for future corresponden	Ce: P.O. Box 51020, Idaho Falls,
	Idaho, 83405	
4.	Management of the limited liability company will be vested in:	
	Manager(s) or Member(s) . (please check the appropriate box)	
5.	f 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 members, list the name(s) and address(es) of at least one initial member. Name Address	
	Sandra D. Terrill	P.O. Box 51020 Idaho Falls, ID
		83405
6.	6. Signature of at least one person responsible for forming the limited liability company:	
	Signature Dindra D Jenul	<u> </u>
	TypedName_ _{Sandra D. Terrill}	Secretary of State use only
	Capacity Manager	———— janizati
	Signature	Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE 95/22/2002 05 = 00
	Typed Name	IDAHO SECRETARY OF STATE
	Capacity	

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