

## ARTICLES OF ORGANIZATIONED/EFFECTIVE LIMITED LIABILITY COMPANY PM 2: 41

(Instructions on back of application) CRETARY OF STATE STATE OF IDAHO

1.	The name of the limited liability company	is: <u>H &amp;</u>	B. LLC	
2.	The address of the initial registered office is			· <del>-</del>
	Idaho Falls. ID 83401 agent at that address is: Steven J Wrig	ht	– and the nar	me of the initial registered
3.	The mailing address for future correspondence:			
	P.O. Box 50578, Idaho Falls, ID 83405-0578			
4.	Management of the limited liability company will be vested in:  Manager(s)			
5.	If management is to be vested in one or mor at least one initial manager. If management address(es) of at least one initial member.  Name	e manager is to be ves	(s), list the nar ted in the men <u>Address</u>	me(s) and address(es) of nbers, list the name(s) and
	Delores Birch	315 N 20	00 W. Rexbu	rg. ID 83440
		<del></del> _		
6.	Signature of at least one person responsible	for forming	the limited lial	cility company:
	Delores Huch	<del></del>		
		[ <u>s</u>	IÑM	PSECRETARY UPSTAYE
		Revised 8/99	12/0 CK: 1288	5/2000 09:00 CT: 139236 BH: 364546
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		corpWorms/U.I.C.1.p66		
		g. karpiko	W .1	3619