



(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

2. The street address of the initial registered office is:

and the name of the initial registered agent at the above address is:

3. The mailing address for future correspondence is:

4. Management of the limited liability company will be vested in:

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) or 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.

**Address**

John F. Kurtz, Jr.

6. Signature of at least one person responsible for forming the limited liability company:  
Signature: [Signature]

Typed Name: Paula L. Kluksdal

Signature

Typed Name:

**Capacity:**

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/06/2003 05:00

CK: 84148 CT: 20522 BH: 694998

1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

1 @ 20.00 = 20.00 EXPEDITE C # 3

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Revised 07/2002

Web Form

W 25400