

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2004 MTY 27 AM 9: 08

1.	The name of the limited liability compa	any is:
2.	The street address of the initial registe	ered office is:
	300 NW 16th Street, Fruitland, ID 83	3619
	and the name of the initial registered a	agent at the above address is:
	Mark Castleton	
3.	The mailing address for future correspondence is:	
	P.O. Box 566, Fruitland, ID 83619	
4.	Management of the limited liability con	npany will be vested in:
	Manager(s) or Member(s)	(please check the appropriate box)
5.	If 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 member(s), list the name(s) and address(es) of at least one initial member.	
	Name	Address
	Mark Castleton	1205 Tara Court, Fruitland, ID 83619
	1272 Omega Parkway, LLC	P.O. Box 566, Fruitland, ID 83619
6.	Signature of at least one person response	onsible for forming the limited liability company:
	Signature:	Secretary of State use only
	Typed Name: Mark Castleton	notization .
	Capacity: Member	Secretary of State use only
	Signature	IDAHO SECRETARY OF STATE
	Typed Name:	1000 1000
	Capacity:	Web Form / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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