ARTICLES OF LIMITED LIABI

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED/EM COTIVE

(Instructions on back of application)

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V	(Instructions on back of appl	HOADON)	
	The name of the limited liability company is:		
2.	The address of the initial registered office is:	1602 Unit B, Seltice Way	
	Post Falls ID 83854	and the name of the initial registered	
,	agent at that address is: Ranc	and the name of the initial registered	
3.	The mailing address for future correspondence	e: Same as above.	
4.	4. Management of the limited liability company will be vested in:		
	Manager(s) or Member(s)	the appropriate box)	
5.	at least one initial manager. If management is address(es) of at least one initial member. Name	e manager(s), list the name(s) and address(es) of s to be vested in the members, list the name(s) and Address	
	Randy Owens .	Post Falls, ID 83854	
	Pob Bridge	1031 1005; 10 0005	
6.	Signature of at least one person responsible	for forming the limited liability company:	
signature LAnds he Wens			
	Typed Name Rancy Owens	Secretary of State use only	
	Capacity President		
	Signature	Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE	
	Typed Name	IDANO SECRETARY OF STATE	
	Capacity	10/29/2002 05:00 CK: CASH CT: 164579 BH: 643890 1 8 188.88 = 188.89 ORGAN LLC # 2 1 8 28.88 = 28.89 CORP SUR # 3	
		1.151101	

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