

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

06 AUG 16 PH 3: 04

SECRETARY OF STATE

1.	The name of the limited liability comp	any is:	STATE OF IDAHO
	U/I Trust, LLC		
2.	The street address of the initial registered office is: 199 North Capitol Boulevard, Suite 600, Boise, Idaho 83702 and the name of the initial registered agent at the above address is:		
	Teresa Keef		
3.	The mailing address for future correspondence is:		
	199 North Capitol Boulevard, Suite 600, Boise, Idaho 83702		
4.	Management of the limited liability company will be vested in:		
	Manager(s) v or Member(s)	(please check the a	ppropriate 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
	RB, LLC	199 N. Capitol Blvd., Ste. 600, Boise, ID 83702	
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	Signature of at least one person responsible for forming the limited liability company:		
•	Signature:		Secretary of State use only
	Capacity: Organizer	journiesel	
		mat polyce	
-	Signature	rpkomet LC Cermin	IDAHO SECRETARY OF STATE
	Typed Name:	OS/16/2006 05:00 CK: 18384 CT: 2582 BH: 978373	
(Capacity:		1 0 180.00 = 180.00 ORGAN LLC # ;