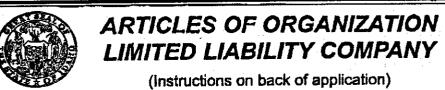
## FILED EFFECTIVE

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<b>W</b>	(Instructions on bac	ck of application)  SECRETARY OF STATE OF IDAHO
1.	The name of the limited liability co	ompany is:
2.	The street address of the initial registered office is: 2380 Balboa Dr., Idaho Falls, ID 83404	
	and the name of the initial register  Harold Mothersili	red agent at the above address is:
3.	3. The mailing address for future correspondence is: 2380 Balboa Dr., Idaho Falls, ID 83404	
4.	The limited liability company will be Manager-managed  or Memb	e:  Der-managed (please check the appropriate box)
5.	If member-managed, list the name	e(s) and address(es) of at least one initial manager. e(s) and address(es) of at least one initial member.
	Name Harold Mothersill John Anderson	2380 Balboa Dr., Idaho Falls, ID 83404 1001 Westcliff Dr., Idaho Falls, ID 83402
6.	18H C	esponsible for forming the limited liability company:
6.	Signature of at least one person re Signature:  Typed Name: Scott P. Eskelson Capacity: Organizer	esponsible for forming the limited liability company:  Secretary of State use only