

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

1.	The name of the limited liability compa	-	SECRETARY OF STATE STATE OF IDAHO
2.	The street address of the initial registered office is: 595 JACKSON ST TWIN FALLS, ID. 83301 and the name of the initial registered agent at the above address is: BRIDGER SMITH		
3.	The mailing address for future correspondence is: 595 JACKSON ST. TWIN FALLS, ID. 83301		
4.	 Management of the limited liability company will be vested in: Manager(s) or Member(s) (please check the appropriate box) 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. 		
5.			
	Name	Address	
	BRIDGER SMITH	595 JACKSON ST. TW	N FALLS, ID. 83301
6. Signature of at least one person responsible for forming the limited liability company: Signature: Secretary of State use only Typed Name: BRIDGER SMITH Capacity: OWNER			
	Signature Typed Name: Capacity:		IDAHO SECRETARY OF STATE 26/23/2006 05:00 CK: 36/36/271 CT: 26/36/6 BH: 96/16/1

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

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