

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY



100	(Instructions on t	pack of application)	STATE OF IDAHO	
1. The name	of the limited liability o	company is:	,. · · · · ·	
	Associates LLC			
2. The stree	t address of the initial re	egistered office is:		
	Street, Lewiston, ID 83			
and the na	ame of the initial registe Grow	red agent at the abov	e address is:	
3. The mailin	g address for future cor	respondence is:		
	Street, Lewiston, ID 83			
4. Managem	ent of the limited liability	company will be vest	ed in:	
Manager(s		(please check the ap		
add: 633(63	ment is to be vested in o s) of at least one initial n , list the name(s) and a	Nanager It managem	s), list the name(s) and ent is to be vested in the one initial member.	
	Name		Address	
Michael C	Brow	817 3rd Street, L	817 3rd Street, Lewiston, ID 83501	
Shannon	Grow	817 3rd Street, Lewiston, ID 83501		
			0	
				
*** <u></u>			_	
Signature of	at least one person res	nonsible for forming	he limited liability company:	
Signature: _		Ferroisis to forming t		
* *	Michael Grow	Sign to	Secretary of State use only	
Capacity: Ma	inager	gezurebx	IDAHO SECRETARY OF	
Signature	micha O	Pron Mill C forms sarts of organization pd5 wised 0772002	03/31/2006 CK: 2072 CT: 198732 CK: 208 G = 189.00 U	
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