

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2005 AUG -5 AM 8: 58

1.	The name of the limited liability comp	oany is: SECRETARY OF STATE STATE OF IDAHO	
2.	The street address of the initial regist 12 West Main Street Suite #4 \$ c and the name of the initial registered	ugar City Id 83448	
3.	Scott Bollar The mailing address for future correspondence is: PO Box 58 Sugar City ID 83448		
4.	Management of the limited liability company will be vested in: Manager(s) or Member(s) (please check the appropriate 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	
	Scott Bollar	PO Box 58 Sugar City ID 83448	
	Sonia Bollar	PO Box 58 Sugar City ID 83448	
; ;	Signature of at least one/person especially of the Scott Bollar Capacity: Owner/Manager Signature Sonia Bollar Capacity: Owner/Manager	Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE 98/95/2995 95:00 CK: 1875 CT: 191103 BH: 632129	

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