Oct. 21 2005 09:11PM F1

	ARTICLES OF OI	RGANIZATION
	LIMITED LIABILI	ITY COMPANY SECTION OF
	(Instructions on bac	• 13 4 / 2 1 2 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1 Thor	ame of the limited liability con	
	on Roofing Supply, LLC	
<del></del>		istered office is:
2. The s	treet address of the initial regi	e Idaho 83401
	0 East 24th North, Idaho Fall	
		ed agent at the above address is:
	rid J. Smith	
3. Ther	mailing address for future corr	espandence is:
238	0 East 24th North, Idaho Fall	ls. Idaho 83401
4 Man	agement of the limited liability	company will be vested in:
7		
Man	ager(s) or Member(s)	(please check the appropriate box)
Man 5. If ma	ager(s) or Member(s)	ine or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member.
Man 5. If ma	ager(s) or Member(s)	ine or more manager(s), list the name(s) and
Man 5. If ma addi men	ager(s) or Member(s) anagement is to be vested in o ress(es) of at least one initial n nber(s), list the name(s) and a	ine or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member.
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Man  5. If ma addi men	ager(s) or Member(s)  anagement is to be vested in or  ress(es) of at least one initial number(s), list the name(s) and a  Name  avid J. Smith	ine or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member.  Address  2380 E. 24th N., Idaho Falls, Idaho 83401  2380 E. 24th N., Idaho Falls, Idaho 83401
Man  5. If ma addi men  Ca  Ca  6. Sig	ager(s) or Member(s)  anagement is to be vested in or  ress(es) of at least one initial in  nber(s), list the name(s) and a  Name  avid J. Smith  athy Smith	ine or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member.  Address  2380 E. 24th N., Idaho Falls, Idaho 83401  2380 E. 24th N., Idaho Falls, Idaho 83401  responsible for forming the limited liability company:
Man  5. If ma addi men  Ca  Ca  6. Sig	ager(s) or Member(s)  anagement is to be vested in or  ress(es) of at least one initial number(s), list the name(s) and a  Name  avid J. Smith	ine or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member.  Address  2380 E. 24th N., Idaho Falls, Idaho 83401  2380 E. 24th N., Idaho Falls, Idaho 83401  responsible for forming the limited liability company:

Signature (1) Typed Name: Cathy/Smith

Capacity: Member

IDANO SECRETARY OF STATE

10/21/2005 05:00

CK: 5001 CT: 88795 BH: 918300
1 8 100.00 = 100.00 ORGAN LLC # 2

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