

FILED

92-022-00 1010-05

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

Pursuant to Title 53, Chapter 6 of the Idaho Code, the undersigned does hereby submit this Certificate of Formation for the purpose of forming a limited liability company.

1. The name of the limited liability company is:

Kearns Family, L.L.C.

(Name shown above must contain either the words "Limited Liability Company," "Limited Liability Co.," or the abbreviation "L.L.C.")

2. The latest date on which the limited liability company is to dissolve is: Perpetual

3. The name of the initial registered agent is: John J. Kearns
(The registered agent must reside in the state of Idaho and sign the consent to appointment as registered agent)

4. The initial registered office, which address is identical to the business office of the registered agent in Idaho, is:

Number and Street 901 Lakeview Heights

City Coeur d'Alene _____, IDAHO Zip Code 83814

4a. (Optional) The post office box address, located in the same city as the Idaho registered office address, which may be used for mailing purposes only, is:

PO Box # _____ City _____, IDAHO Zip Code _____

CONSENT TO APPOINTMENT AS REGISTERED AGENT

I, JOHN J. KEARNS, hereby consent to serve as Registered Agent in the state of Idaho for the above named limited liability company. I understand that as agent for the limited liability company, it will be my responsibility to accept Service of Process on behalf of the limited liability company; to forward license renewals and other mail to the limited liability company; and to immediately notify the Secretary of State in the event of my resignation or of any changes in the Registered Office address.


(Signature of Registered Owner)

(Signature of Registered Agent)

John J. Kearns

(Print Name and Title)

12-9-99

(Date)

5. The address of the principal place of business of the limited liability company is 1999 09:00
C/ 12235 C/ 12234

Number and Street 901 Lakeview Heights

1 + 100.00 = 101.00 ORGAN LLC # 2

City Coeur d'Alene _____, State Idaho _____ Zip Code 83814

6. Management of the limited liability company is vested in one or more managers: [] YES [x] NO

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7. Any other provisions the limited liability company elects to include are attached.

8. The name and address of the member executing this certificate is:

Name	Address	City	State	Zip Code
John Kearns	901 Lakeview Heights	Coeur d'Alene	ID	83814

9. This certificate will be effective upon filing, unless an extended date and/or time appears here:

January 1, 2000.

(Note: Extended effective date may not be set at more than 90 days beyond the date the document is stamped "Filed" by the Secretary of State.)

Dated: DEC. 9, 19 99.

(Signature)

John J. Kearns
(Type or Print Name)

(Signature)

(Type or Print Name)

(Signature)

(Type or Print Name)