

ARTICLES OF ORGANIZATION LIMITED LIABILITY CO.

FILED EFFECT

Capacity _____

	LIMITED LIABILITY	Y COMPANY 07SFD
# 0.78/	(Instructions on back of	application) SECRETARY PHIZ: 34
The name	e of the limited liability compan	rapplication) SECRETARY STATE OF STATE The second
The addre	ess of the initial registered offic	
Boise, Idal	ho 83712 (County of Ada)	and the name of the initial registered
agent at t	hat address is: Eric Faull	
The mailir	ng address for future correspond	dence:
872 Gray	Eagle Way, Boise, Idaho 83712	
Managen	nent of the limited liability compa	any will be vested in:
Manager	(s) or Member(s). (please	e check the appropriate box)
at least or	ement is to be vested in one or repending in an agent ne initial manager. If managements es) of at least one initial member Name	more manager(s), list the name(s) and address(es) of ent is to be vested in the members, list the name(s) and er. <u>Address</u>
Eric Faull		
Jim Fauli		c/o:
		872 Gray Eagle Way, Boise, Idaho 83712
. Signature	e of at least one person respons	sible for forming the limited liability company:
Signature	2/	
•	me LegalZoom.com, Inc. (Organiz	zer) Secretary of State use only
	By: Karla Figueroa, Assistant Se	cretary
Signature		8 2 2
•		IDAHO SECRETARY OF STATE
1 1 0 0 0 1 1 0	me	09/04/2007 05:00

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