FILED EFFECTIVE



Capacity: _

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2006 DEC -8 AM 8: 59

SECRETARY OF STATE 1. The name of the limited liability company is: STATE OF IDAHO **BME Management LLC** 2. The street address of the initial registered office is: 340 Cove Road, Grangeville, ID 83530 and the name of the initial registered agent at the above address is: **Eddy Devin** 3. The mailing address for future correspondence is: 340 Cove Road, Grangeville, ID 83530 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. **Address** Name 340 Cove Road, Grangeville, ID 83530 Eddy Devin 340 Cove Road, Grangeville, ID 83530 Beth Keeler 1817 12th Ave, Lewiston, ID 83501 Mike Devin 6. Signature of at least one person responsible for forming the limited liability company: Signature: And When Secretary of State use only Typed Name: Eddy Devin Capacity: Manager IDAHO SECRETARY OF STATE
12/08/2006 05:
K: 3582 CT: 207278 3H: 101
0 100.00 = 100.00 QRGAN L Signature _____ Typed Name:

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