

## ARTICLES OF ORGANIZATION FILED/EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

02 MM -8 AMII: 14

1.	The name of the limited liability comp	any is:		STATE OF TOAHO
	PSS , LLC			
	The street address of the initial registered office is:			
	1151 No. Fruitwood Way, Eagle, Idaho 83616			
	and the name of the initial registered Shaun Greear	agent at the	above address	s is:
	The mailing address for future corres	pondence is	:	
	1151 No. Fruitwood Way, Eagle, Idaho 83616			
	Management of the limited liability co		e vested in:	
	Manager(s) or Member(s) (please check the appropriate box)			
-	If management is to be vested in one or more manager(s), list the name(s) and address(es) or 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		
	Shaun Greear	Greear 1151 No. Fruitwood Way, Eagle, ID 83616		
	Gradin Greek			
	Signature of at least one person responsible for forming the limited liability company:			
	Signature: Than Aree			ecretary of State use only
	Typed Name: Shaun Greear		ion.p65	soletary of State and only
	Capacity: Member	<del> </del>	xop/formsLLC formslartsolorganization.p65 Revised 07/2002	
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	Signature		oms/LLC forms/ Revised 07/2002	11/08/2002 05:8 Ck: 1811 CT: 164829 BH: 645
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