

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2004 MAR - 1 AM 9: 01

(Instructions on back of application)

Signature \$ \$\\ \text{E} \\ \text{CK: 1129 CT: 171497 BH: 73621}	1.	The name of the limited liability compa	any is:	STATE OF IDAHO	
and the name of the initial registered agent at the above address is: THOMAS AICHER 3. The mailing address for future correspondence is: 329 S. WOODRUFF IDAHO FALLS, IDAHO 83401 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. Name Address THOMAS AICHER 4385 NORTH RUSHTON CIRCLE IONA, IDAHO 83427 6. Signature of at least one person responsible for forming the limited liability company: Signature: THOMAS AICHER Capacity: MANAGER Signature Typed Name: Capacity: MANAGER Typed Name: Capacity: 101497 Min 78821	2.	•			
THOMAS AICHER 3. The mailing address for future correspondence is: 329 S. WOODRUFF IDAHO FALLS, IDAHO 83401 4. Management of the limited liability company will be vested in: Manager(s) or Member(s) or Member(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 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		4385 NORTH RUSHTON CIRCLE IONA, IDAHO 83427			
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Signature:		THOMAS AICHER	4385 NORTH RUSHT	ON CIRCLE	
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