

ARTICLES OF ORGANIZATION FILED EFFECTIVE

(Instructions on back of application)

1.	The name of the limited liability comp	pany is:	STATE OF IDAHO	
2.	 The street address of the initial registered office is: c/o Burns Concrete, 2385 Gallatin Ave., Idaho Falls, ID 83402 			
	and the name of the initial registered agent at the above address is: Kirk Burns			
3.	The mailing address for future correspondence is: c/o Burns Concrete, 2385 Gallatin Ave., Idaho Falls, ID 83402			
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	
	Kirk Burns c/o Burns Concrete			
		2385 Gallatin Avenu	ue, Idaho Falls, ID 83402	
		-		
6. Signature of at least one person responsible for forming the limited liability compan			limited liability company:	
	Signature: XWH Wellk	M [8	Secretary of State use only	
	Typed Name: Scott P. Eskelson	ization.p		
١	Capacity: Attorney	rsoforgar		
;	Signature	9 komplomist LC forms ansoftonganization p65 Revised 07/2002		
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