

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

TR. YE	(Instructions on back o	n application)	SECHETARY A.
	name of the limited liability compa	any is:	STATE OF IDAHO
	street address of the initial registe		
	the name of the initial registered a	agent at the above addre	ess is:
	mailing address for future corresp BOX 1912, TWIN FALLS, ID 83		
I. Man	nagement of the limited liability con	npany will be vested in:	
Man	nager(s) or Member(s)	(please check the appropriate	box)
add	anagement is to be vested in one or ress(es) of at least one initial mana nber(s), list the name(s) and addre	ager. If management is t	to be vested in the
	Name		Address
<u>M</u> .	ATTHEW HITCHCOCK	PO BOX 1912, TWIN	FALLS, ID 83303
or the second			
Signa Type	nature of at least one person respondent ature: Mattuce of the ed Name: MATTHEW HITCHCOC acity: MEMBER	checa	nited liability company: Secretary of State use only Www. 244
Signa	ature	C formstar	IDAHO SECRETARY OF
_	d Name:	Aformel LC formeler Revised 07/2002	IDAHO SECRETARY OF S Ø5/14/2007 @ CK: 5474 CT: 148268 BH 1 9 186.88 = 186.88 OR