



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

CPMS, LLC

2. The street address of the initial registered office is:

65617 Grouse Creek Rd. Wallace ID 83873

and the name of the initial registered agent at the above address is:

JoAnn K. Corley

3. The mailing address for future correspondence is:

P.O. Box 904, Wallace, ID 83873

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
<u>JoAnn K. Corley</u>	<u>P.O. Box 904, Wallace, ID 83873</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Signature of at least one person responsible for forming the limited liability company:

Signature: JoAnn K. Corley

Typed Name: JoAnn K. Corley

Capacity: President

Signature: _____

Typed Name: _____

Capacity: _____

Secretary of State use only

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Revised 07/2002

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01/27/2005 05:00
CK: NO CK # CT: 105029 BH: 789571
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