FILED EFFECTIVE



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2006 SEP 25 AM 9: 15

SECRETARY DE CTATE

·1.	The name of the limited liability compa	any is:	STATE OF IDAHO
2.	he street address of the initial registered office is: 3193 Kimberly Road, Twin Falls, Idaho 83301		
	and the name of the initial registered a	agent at the above add	dress is:
3.	The mailing address for future correspondence is: Post Office Box 365, Twin Falls, Idaho 83303-0365		
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
	Mac Evans	Post Office Box 365	, Twin Falls, ID 83303-0365
6.	Signature of at least/one person/responsionature:	onsitie for ferming the	limited liability company: