ED/EFFECTAXTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

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(Instructions on back of application)

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STAT	ARY OF STATE TE OF IDAHO	sk of application)	
1.	The name of the limited liability company	is:Twin Rivers Electrical Supply &	
2.		is: $\frac{3525 \text{ 15th Street, Lewiston, Idaho 83501}}{\text{(not a PO Box)}}$	
	agent at that address is:Debbie_Faye	and the name of the initial registered	
	Signature of registered agent :		
3.	Is management of the limited liability comp	pany vested in a manager or managers? No (check appropriate box)	
	If management is vested in one or more manager(s), list the name(s) and address(es) cleast one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one initial member. Name: Address:		
	Judy A. "Sunny" Dean	Address:	
	Debbie Faye Presnell	3525 15th Street, Lewiston, Idaho 83501 3525 15th Street, Lewiston, Idaho 83501	
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5.	Signature of at least one person listed in #	5 above:	
-		CK: 12991 CT: 1116 BH: 499178	
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