

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

W72812

(Instructions on back of application)

08 MAR 28 AM 8: 20

SECRETARY DE ST

1. The name of the limite	ed liability company is:	STATE OF IDAHO
	he initial registered office is: ACE STE 202 TWIN FALLS,	, ID 83301
and the name of the ini	itial registered agent at the abov	ve address is:
	r future correspondence is: ACE STE 202 TWIN FALLS,	ID 83301
4. The limited liability com	pany will be:	
Manager-managed	or Member-managed	(please check the appropriate box)
5. If manager-managed, li If member-managed, lis	st the name(s) and address(es)	of at least one initial manager. of at least one initial member.
<u>Name</u>		<u>Address</u>
GREGG S OLSEN	139 RIVER VIST	A PLACE STE 202
	TWIN FALLS, ID	83301
3. Signature of at least one	e person responsible for forming	g the limited liability company:
Signature:	PE	Secretary of State use only
Typed Name: GREGO Capacity: MEMBER	S OLSEN Injustion pd unoisezion	
oupdony.	artsoforga	IDAHO SECRETARY OF STATE
Signature	OTSILLC formstartsoforganization.pmd	03/28/2008 05:00 CK: 1971 CT: 224300 BH: 1107154
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