

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

TI ± OL S		(Instructions on back of application)		Stocking
1.	The name of	the limited liability compar	ny is:	SECREPART OF UNITE STATE OF IDATIO
		tment's, LLC		
2.	The street a	ddress of the initial register	red office is:	
		atersedge Ave Boise, ID		
		F*	gent at the above address is:	
	Barbara P			
3.	The mailing	address for future correspo	ondence is:	
-	same			
4.	Manageme	nt of the limited liability com	npany will be vested in:	
••	Manager(s)	The state of the consequent to how		
5.	1-1/	ment is to be vested in one or more manager(s), list the name(s) and s) of at least one initial manager. If management is to be vested in the list the name(s) and address(es) of at least one initial member.		
		Name	Addr	ess
	Barbara F	Perry	5279 N Watersedge Ave C	Sarden City, ID
6	Signature:	Barbara Per	onsible for forming the limited	I liability company:
	Typed Nam Capacity:	ne: Barbara Perry Member	g toopytoms/LLC forms/artsoforganization, p65	IDAHO SECRETARY OF STATE
	Signature _ Typed Nan Capacity: _	ne:	opviorms\LCforms\ Revised 07/2002	03/27/2006 05: CK: 2205 CT: 198421 BH: 94 1 @ 100.00 = 100.00 ORGAN L
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