

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2004 JUN 10 PM 2: 07

1.	The name of the limited liability comp	any is:	STATE OF IDAHO	
2.	The street address of the initial registered office is: 2900 North Government Way, Suite 89, Coeur d'Alene, ID 83815-3751			
	and the name of the initial registered agent at the above address is: Silvia Walsh			
3.	The mailing address for future correspondence is: 2900 North Government Way, Suite 89, Coeur d'Alene, ID 83815-3751			
4.	Management of the limited liability company will be vested in:			
	Manager(s) v 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	Name Address		
	Silvia Walsh	2900 North Government	t Way, Suite 89, Coeur c	
6.	Signature of at least one person responsible for forming the limited liability company:			
	Signature: Silvia Walsh Capacity: Owner Signature Typed Name: Capacity: Capa	ommut.L.C.forms\ursischorganization.p8 tevised 07/2002	IDAHO SECRETARY OF STATE 66/11/2004 05:08 CK: 1027 CT: 179946 BH: 749816	

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