

Capacity:

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

W 46641

(Instructions on back of application) (6) JEH 19 PH 2: 57 1. The name of the limited liability company is: STATE Powers and Koltes, LLC. 2. The street address of the initial registered office is: 5680 E. Franklin Rd. Ste. #100 Nampa, ID. 83687 and the name of the initial registered agent at the above address is: Thomas M. Koltes 3. The mailing address for future correspondence is: 5680 E. Franklin Rd. Ste. #100 Nampa, ID. 83687 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** Dean Powers 5680E.Franklin Rd. Ste #100 Nampa,ID. 83687 Tom Koltes 5680E.Franklin Rd. Ste. #100 Nampa,ID.83687 6. Signature of at least one person responsible for forming the limited liability company: Signature: Secretary of State use only gi vcorpitorms/LLC forms/artsoforganization.p65 Revised 07/2002 Typed Name: Tom Koltes Capacity: Manager IDAHO SECRETARY OF STATE 01/19/2006 05:00 CK: 1826 CT: 196098 BH: 933819 L & 188.80 = 188.80 ORGAN LLC # 2 Signature \_\_\_\_\_ Typed Name: \_\_\_\_\_\_\_