FILED EFFECTIVE



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2005 NOV 14 AM 9: 21

. The name of the limited liabilit	ty company is:	STATE OF INJURY
Miller Management LLC		Virtual Of Garyari
	al registered office is:	
The street address of the initia		
2200 Hillcrest, Burley ID 83		
and the name of the initial reg	istered agent at the above ad	dress is:
Kyle Miller		
3. The mailing address for future	correspondence is:	
2200 Hillcrest, Burley ID 83		
4. Management of the limited lia		n:
	r(s) (please check the approp	
 If management is to be veste address(es) of at least one in member(s), list the name(s) 	d in one or more manager(s), nitial manager. If management and address(es) of at least on	(18 to be vested in the
Name		Address
	2127 E 16th Street	Burley ID 83318
Kyle Miller	ZIZI L TOUT GUOS	
6. Signature of at least one per	son responsible for forming th: مرسد	ne limited liability company:
Signature:	Mu 8	Secretary of State use only
Typed Name: Kyle Miller	nization	
Capacity Member	опруются Ц. C forms harts of organization. p65 Revised 07/2002	IDAHO SECRETARY OF
Signature	forms\ar	11/15/2005 (CK: 4881 CT: 119540]
Typed Name:	omstLLC formst	1 @ 100.00 = 100.08 O
Capacity:	onpvon Re	

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