



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2003 JUN 26 AM 8:44

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Paradox Leasing LLC

2. The street address of the initial registered office is:

825 So Boulevard Idaho Falls Id 83401

and the name of the initial registered agent at the above address is:

Oliver D. Smith MD

3. The mailing address for future correspondence is:

same

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) or 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
<u>Oliver D. Smith MD</u>	<u>825 So Boulevard Idaho Falls Id 83401</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
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6. Signature of at least one person responsible for forming the limited liability company:

Signature: *Oliver D. Smith MD*

Typed Name: Oliver D. Smith MD

Capacity: owner

Signature: _____

Typed Name: _____

Capacity: _____

Secretary of State use only

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Revised 07/2002

Web Form

IDAHO SECRETARY OF STATE
06/26/2003 05:00
CK: 3201 CT: 171090 BH: 680066
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W24856