

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2006 MAY -5 AH 9: 17

7.	The name of the limited liability company is:  American Cutter Systems LIATEOF 10440
2	The street address of the initial registered office is:
	1231 Fox Rd. Cascade, ID 83611
	and the name of the initial registered agent at the above address is:
3.	The mailing address for future correspondence is:
	PO BOX 1140 Cascade, FD 83611
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
	Chris Gerniak PO Box 1140 Cascade ID 83611
	CITY CENTIAL POBOX 1170 CASCIAR, ID 03611
	CINS CEOVIAR 170 BOX 1170 SASQUE, 210 03611
	CITIS CEOVINAN PO BOX 1170 SISORAE, AD 03611
6.	
	Signature of at least one person responsible for forming the limited liability company:  Signature
	Signature of at least one person responsible for forming the limited liability company:  Signature
,	Signature of at least one person responsible for forming the limited liability company:  Signature
	Signature of at least one person responsible for forming the limited liability company:  Signature
	Signature of at least one person responsible for forming the limited liability company:  Signature
	Signature of at least one person responsible for forming the limited liability company:  Signature  Typed Name: Chois Czerniak  Capacity: Owner  W5039