

## **ARTICLES OF ORGANIZATION** LIMITED LIABILITY COMPANY

DEFFECTIVE

06 MAR 16 PM 3: 06

OF STATE

(Instructions on back of application)

1.	The name of the limited liability comp	any is:	SECRETIVAL OF STATE STATE OF IDAHO	
2.	The street address of the initial registered office is:  1703 N. 18th Street, Boise, ID 83702			
	and the name of the initial registered agent at the above address is:  Sarah L. Borden			
3.	The mailing address for future correspondence is:  1703 N. 18th Street, Boise, ID 83702			
4.	Management of the limited liability company will be vested in:  Manager(s) or Member(s) (please check the appropriate box)  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.			
5.				
	Name	Ac	idress	
	Sarah L. Borden	1703 N. 18th Street, Bois	se, ID 83702	
	Signature of at least one person responses	posible for forming the limit	ed liability company:	
	Signature:	Se S	cretary of State use only	
	Signature Typed Name: Capacity:	\( \) \( \)	IDAHO SECRETARY OF STATE 03/16/2006 05:00	

CK: 2034 CT: 198157 BH: 943785 1 @ 100.00 = 100.00 ORGAN LLC # 2