

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANYOT NOV -1 AM 8: 32

(Instructions on back of application) SECRETARY OF

1.	The name of the limited liability cor	mpany is:	STATE OF IDAHO
2.	The street address of the initial registered office is: 2186 EAST 4200 NORTH, FILER, ID 83328		
	and the name of the initial registered STEVE KOHNTOPP	d agent at the abo	ve address is:
3.	The mailing address for future correspondence is: 2186 EAST 4200 NORTH		
4.	The limited liability company will be:		
	Manager-managed or Member-managed (please check the appropriate box)		
5. If manager-managed, list the name(s) and address(es) of at least one initial manager If member-managed, list the name(s) and address(es) of at least one initial member.			
	<u>Name</u>		Address
	STEVE KOHNTOPP	2186 EAST 4200	NORTH, FILER, ID 83323
6. S	Signature of at least one person resp	onsible for forming	the limited liability company:
Si	gnature: Stewer Mills	m)	
	ped Name: STEVE KOHNTOPP	audiug.	Secretary of State use only
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	ped Name:	omeliuc forms	CK: 2884 CT: 188736 BH: 1883438 1 9 188.88 = 188.88 ORGAN LLC #
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