



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2005 OCT 7 AM 9:12

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

EAGLEROCK CASH FLOW SOLUTIONS, LLC

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

329 S WOODRUFF IDAHO FALLS, ID 83401

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

GARY NORRIS

3. The mailing address for future correspondence is:

329 S WOODRUFF IDAHO FALLS, ID 83401

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
<u>GARY NORRIS</u>	<u>5760 VEIL DR.</u>
	<u>IDAHO FALLS, ID 83406</u>

6. Signature of at least one person responsible for forming the limited liability company:

Signature:

Typed Name: GARY NORRIS

Capacity: MANAGER

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

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Revised 07/2002

IDAHO SECRETARY OF STATE
10/07/2005 05:00
CK: 1388 CT: 171497 BH: 915855
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