

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

4 17	(IIISU UCUOTIS OTI DACK	con application)
1.	The name of the limited liability com	pany is: SECHLIAMI UF SIME STATE OF IDAHO
2.	The street address of the initial regis	
	and the name of the initial registered	d agent at the above address is:
3.	The mailing address for future correspondence is: 7141 Bethany Ave., Idaho Falls, ID 83404	
4.	Management of the limited liability co	ompany will be vested in:
	Manager(s) or Member(s)	(please check the appropriate box)
5.	address(es) of at least one initial ma	e or more manager(s), list the name(s) and inager. If management is to be vested in the dress(es) of at least one initial member.
	Name	Address
	Christine Boyle	7141 Bethany Ave., Idaho Falls, ID 83404
	Signature: <u>Christin & Boule</u> Typed Name: <u>Christine Boyle</u> Capacity: <u>Member</u> Signature	### TOTAL SECRETARY OF STATE ##################################
	Typed Name:	E
	Capacity:	70 M

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