## FILED EFFECTIVE



## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY 2007 FEB -5 PM 12: 40

(Instructions on back of application)

2 R Q	(Instructions on back	of application)	SECRETARY OF STATE
1.	The name of the limited liability comp	pany is:	STATE OF IDAHO
	HUGGINS, LLC		
<b>2</b> . '	The street address of the initial registered office is:		
	490 MEMORIAL DRIVE, IDAHO F	FALLS, IDAHO 834	402
	and the name of the initial registered	l agent at the abov	e address is:
	MARVIN M. SMITH		
2	The mailing address for future corres	spondence is:	
<b>J</b> .	490 MEMORIAL DRIVE, IDAHO F		402
4.	Management of the limited liability co		
	Manager(s)  or Member(s)	(please check the a	appropriate box)
5.	If management is to be vested in one address(es) of at least one initial mamember(s), list the name(s) and address	anager. It manager	st one initial member.
	Name		Address
	MARGARET C. HUGGINS	2860 CHANNING WAY, SUITE 225	
		IDAHO FALLS, ID 83404	
6	Signature of at least one person re	sponsible for formi	ng the limited liability company:
0.	Signature: May 6	lus _ [	Secretary of State use only
	Typed Name: MARGARET C. HUC	GGINS	
	Capacity: MANAGER	Zhaganiz	
		Starting of the starting of th	S IDAHO SECRETARY (
		1 5 9	
	Signature	<b>Q</b>	8 02/05/2007 8 CK: 45082 CT: 2834
	Signature Typed Name:	Disconnecting to the particular parameter (Commission from the particular par	

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