

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

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(Instructions on back of application)

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and the name of the initial registered Sandie Hemingway The mailing address for future correspond of the limited liability co Management of the limited liability co Manager(s) or Member(s) If management is to be vested in one address(es) of at least one initial man member(s), list the name(s) and address Name Sandie Hemingway	agent at the above address is: spondence is: company will be vested in: (please check the appropriate box) e or more manager(s), list the name(s) and anager. If management is to be vested in the dress(es) of at least one initial member. Address
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Sandie Hemingway	
	975 Lavina Avenue
Doug Hemingway	
	Twin Falls, ID 83301
O'construct of allowed and a second	
0 1/	consible for forming the limited liability company:
Signature Sandie Hemingway	Secretary of State use only
Capacity: Owner/President	IDANO SECRETARY OF ST 1.1 / 1.8 / 2.00 / 0.5 CX: 658.08 = 1.89.08 0.5 CX: 658.08 0.5 CX:
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Signature	
Typed Name: Doug Hemingway Capacity: Owner/Vice President	IDAHO SECRETARY OF ST 11/18/2004 05 CK: 6585 CT: 183780 PM: