

Capacity: __

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

	(Instructions on ba	ack of application)
1. The nam	e of the limited liability co	
	nagement LLC	—————————————————————————————————————
2. The street	et address of the initial reg	pistered office is:
	ox 66, Kamiah, ID 83536	
and the n	ame of the initial registere D Fox	ed agent at the above address is:
3. The maili	ng address for future corre	espondence is:
	ox 66, Kamiah, ID 83536	
4. Managem	ent of the limited liability c	ompany will be vested in:
Manager((please check the appropriate box)
Gregory I	Name # See	Irager. If management is to be vested in the Iress(es) of at least one initial member. Address Rt. 1, Box 66, Kamiah, ID 83536
Typed Name:	Gregory D Fox	onsible for forming the limited liability company: Secretary of State use only
Capacity: Ma	nager	
Signature		IDAHO SECRETARY OF STATE
Typed Name:		IDAHO SECRETARY OF STATE 12/14/2006 05:00 CX: 2055 CT: 207458 BH: 1019629

IDAHO SECRETARY OF STATE 12/14/2006 05:00 CX: 2055 CT: 207458 BH: 1019622 1 0 100.00 = 100.00 ORGAN LLC 2