

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2006 SEP 18 PM 2: 20

SECRETARY OF CT

1.	The name of the limited liability comp West White Sands LLC	any is:	STATE OF IDAHO
2.	The street address of the initial registered office is: 197 HOLIDAY DRIVE, GARDEN VALLEY, ID. 83622		
	and the name of the initial registered agent at the above address is: VAL JONES		
3.	The mailing address for future correspondence is: 197 HOLIDAY DRIVE, GARDEN VALLEY, ID. 83622		
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	A	ddress
	ROHAN ESTATES, FLP	N ESTATES, FLP 2764 LAKE SAHARA DR. #111	
	LAS VEGAS, NV 89117		
6. Signature of at least one person responsible for forming the limited liability company: Signature:			
•	Typed Name: Dominic Catalano	ukan pess	ecretary of State use only
(Capacity: President of GP	Angentzation p8	
	Signature	copylamme/LC forms arbor Revised 07/2002	IDAHO SECRETARY OF STATE 09/18/2006 05:00 CK: 1167 CT: 193120 BH: 975715
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