

**FILED EFFECTIVE**



2005 NOV -2 AM 7:55

SECRETARY OF STATE  
STATE OF IDAHO

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.

**Address**

\_\_\_\_\_

- Capacity: \_\_\_\_\_

Acceptor forms LLC terminated for organization 0885

IDAHO SECRETARY OF STATE  
11/02/2005 05:00  
CK: 649554 CT: 172099 RH: 920053  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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