-----

	ORGANIZATION	11 SEP - 9 AM <b>9: 06</b>
<ul><li>(Instructions on back of application)</li><li>1. The name of the limited liability company is:</li></ul>		SECOLOTIOF STATE SIZE OF IDAHO
2. The complete street and mailing a 525 9th St., Idaho Falls, Idaho 83404 (Street Address)	addresses of the initial desigr	nated/principal office:
	· · · · · · · · · · · · · · · · · · ·	
(Mailing Address, if different than street address		4.
<ol><li>The name and complete street ac</li></ol>	daress of the registered agen	
Ronald L. Swafford	525 9th St., Idaho Falls, ID 83404	
(Name)	(Street Address)	
Dawn Wells	10153 1/2 Riverside Dr., Suite	e 680,
5. Mailing address for future corresp 525 9th St, Idaho Falls, ID 83404	bondence (annual report notic	
6. Future effective date of filing (opti		
ignature of a manager, Amember	or authorized	
Signature of a manager member erson. Signature yped Name: Ronald L. Swafford		cretary of State use only

•