

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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SECRETABL

1,	The name of the limited liability comp	pany is: STATE OF IDAHO				
2.	The street address of the initial registered office is: 470 La Costa Drive,Idaho Falls, ID 83401					
	and the name of the initial registered Janae Pettingill	agent at the above address is:				
3.	The mailing address for future correspondence is: 470 La Costa Drive, Idaho Falls, ID83401					
4.	Management of the limited liability company will be vested in:					
	Manager(s) or Member(s)					
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) or 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	Address				
	Janae Pettingill	470 La Costa Drive,Idaho Falls, ID 83401				
	David Pettingill	470 La Costa Drive,Idaho Falls,ID 83401				
	Signature of at least one person respo	nsible for forming the limited liability company:				
T	yped Name: Kerry Walsh Capacity: Organizer	Secretary of State use only				
T	ignature yped Name: apacity:					

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