

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE 2007 MAY 31 AM 8: 55

77	(Instructions on back of	or applicatio	n)	CONETARY OF
1.	The name of the limited liability comp	any is:		STATE OF IDAHO
2.	The street address of the initial registe	ered office i	\$. \$.	
	3287 Longbow Dr., Twin Falls, ID 8		·	
	and the name of the initial registered a	agent at the	above add	iress is:
	Tonja Valdez	A = 10		:
3.	The mailing address for future corresp	ondence is		
	3287 Longbow Dr., Twin Falls, ID 8	3301		
4.	Management of the limited liability con	npany will b	e vested in	:
	Manager(s)	(please che	ck the appropria	ate box)
	If management is to be vested in one of	or more mar	nager(s) lis	st the name(s) and
	address(es) of at least one initial mana member(s), list the name(s) and addre	ager. If man	agement i	
	address(es) of at least one initial mana	ager. If man	agement i	
	address(es) of at least one initial mana member(s), list the name(s) and addre	ager. If man ess(es) of a	agement i t least one	initial member.
	address(es) of at least one initial mana member(s), list the name(s) and addre Name	ager. If man ess(es) of a	agement i t least one	initial member.
	address(es) of at least one initial mana member(s), list the name(s) and addre Name	ager. If man ess(es) of a	agement i t least one	initial member.
	address(es) of at least one initial mana member(s), list the name(s) and addre Name	ager. If man ess(es) of a	agement i t least one	initial member.
	address(es) of at least one initial mana member(s), list the name(s) and addre Name	ager. If man ess(es) of a	agement i t least one	initial member.
	address(es) of at least one initial mana member(s), list the name(s) and addre Name	ager. If man ess(es) of a	agement i t least one	initial member.
	address(es) of at least one initial mana member(s), list the name(s) and addre Name	ager. If man ess(es) of a	agement i t least one	initial member.
	address(es) of at least one initial mana member(s), list the name(s) and addre Name	ager. If maness(es) of a	agementi tleastone	initial member. Address TWIN FALLS ID 83301
6.	Address(es) of at least one initial manamember(s), list the name(s) and address Name TONJA VALDEZ Signature of at least one person response signature:	ager. If maness(es) of a	agement in the least one l	initial member. Address TWIN FALLS ID 83301
6. \$	Address(es) of at least one initial manamember(s), list the name(s) and address Name TONJA VALDEZ Signature of at least one person responsionature: Typed Name: Tonia Valdez	ager. If maness(es) of a	agement in the least one l	initial member. Address TWIN FALLS ID 83301 limited liability company:
6. \$	Address(es) of at least one initial manamember(s), list the name(s) and address Name TONJA VALDEZ Signature of at least one person response signature:	ager. If maness(es) of a	agement in the least one l	initial member. Address TWIN FALLS ID 83301 limited liability company:
6. S	Address(es) of at least one initial manamember(s), list the name(s) and address Name TONJA VALDEZ Signature of at least one person responsignature: Typed Name: Torija Valdez Capacity: Member	ager. If maness(es) of a	agement in the least one l	initial member. Address TWIN FALLS ID 83301 limited liability company:
6. S	Address(es) of at least one initial manamember(s), list the name(s) and address Name TONJA VALDEZ Signature of at least one person responsionature: Typed Name: Tonia Valdez	ager. If maness(es) of a	agementi tleastone	initial member. Address TWIN FALLS ID 83301 limited liability company: