	ARTICLES OF C	RGANIZATION	FILED EFFEC
	LIMITED LIABIL (Instructions on ba	ITY COMPANY	08 MAY 30 AM 8:20 SECRETARY OF STA
	ame of the limited liability o	company is:	STATE OF IDAHO
	treet address of the initial re 3 E. 17TH ST SUITE 140 Al		
	ne name of the initial registe	ered agent at the above add	ress is:
	nailing address for future co 6 E. 17TH ST SUITE 140 A		
Mana 5 If mo	imited liability company will ager-managed [7] or Men nager-managed, list the nar mber-managed, list the nan	nber-managed (please me(s) and address(es) of at	check the appropriate box) least one initial manager.
	-		least one initial member.
	Name	A.	least one initial member.
<u>MA</u>			Idass one initial member.
<u>MA</u>	Name	A 2329 SOUTH FOOTH	Idass one initial member.
	Name	A 2329 SOUTH FOOTH IDAHO FALLS, ID 83	least one initial member. ddress ILL 401
6. Signa Signa Type	Name RTY HALLUM	A 2329 SOUTH FOOTH IDAHO FALLS, ID 83	least one initial member. ddress ILL 401