

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

2004 MAR -4 AM 9: 18

± 9.5	(Instructions on back	
1. The name	e of the limited liability comp	pany is: STATE OF IDAHO
Pine En	terprises, L.L.C.	- CI IDANO
2. The stree	t address of the initial regis	tered office is:
3699 E	3950 N, Kimberly, ID 8334	41
and the na	ame of the initial registered	agent at the above address is:
Patricia	Bremer	
3. The mailir	ng address for future corres	spondence is:
3699 E	3950 N, Kimberly, ID 8334	41
4. Managem	nent of the limited liability co	ompany will be vested in:
Manager((s)	(please check the appropriate box)
5. If manage	es) of at least one initial mar	e or more manager(s), list the name(s) and nager. If management is to be vested in the ress(es) of at least one initial member.
5. If manage address(e member(s	es) of at least one initial mai s), list the name(s) and add Name	or more manager(s), list the name(s) and nager. If management is to be vested in the
5. If manage address(e member(s	es) of at least one initial mar s), list the name(s) and add	or more manager(s), list the name(s) and nager. If management is to be vested in the ress(es) of at least one initial member.
5. If manage address(e member(s	es) of at least one initial mai s), list the name(s) and add Name Bartholome	or more manager(s), list the name(s) and nager. If management is to be vested in the ress(es) of at least one initial member. Address
5. If manage address(e member(s	es) of at least one initial mar s), list the name(s) and add Name Bartholome Nelson	e or more manager(s), list the name(s) and nager. If management is to be vested in the ress(es) of at least one initial member. Address 937 Carriage Ln, Twin Falls, ID 83301
5. If manage address(e member(s James E Pamela	es) of at least one initial mar s), list the name(s) and add Name Bartholome Nelson	e or more manager(s), list the name(s) and nager. If management is to be vested in the ress(es) of at least one initial member. Address 937 Carriage Ln, Twin Falls, ID 83301 2518 E 3800 N, Twin Falls, ID 83301
5. If manage address(e member(s James E Pamela	es) of at least one initial mar s), list the name(s) and add Name Bartholome Nelson	e or more manager(s), list the name(s) and nager. If management is to be vested in the ress(es) of at least one initial member. Address 937 Carriage Ln, Twin Falls, ID 83301 2518 E 3800 N, Twin Falls, ID 83301
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5. If manage address(e member(s) James E Pamela Patricia	es) of at least one initial mars), list the name(s) and addinate Name Bartholome Nelson Bremer	e or more manager(s), list the name(s) and nager. If management is to be vested in the ress(es) of at least one initial member. Address 937 Carriage Ln, Twin Falls, ID 83301 2518 E 3800 N, Twin Falls, ID 83301 3699 E 3950 N, Kimberly, ID 83341
5. If manage address(e member(s) James E Pamela Patricia	es) of at least one initial mars), list the name(s) and addinate Name Bartholome Nelson Bremer e of at least one person respons: Patricia Bremer	e or more manager(s), list the name(s) and nager. If management is to be vested in the ress(es) of at least one initial member. Address 937 Carriage Ln, Twin Falls, ID 83301 2518 E 3800 N, Twin Falls, ID 83301 3699 E 3950 N, Kimberly, ID 83341

Signature _____

Typed Name:

Capacity: _

IDAHO SECRETARY OF STATE
@3/04/2004 @5:00
CK: 1875 CT: 177894 BH: 738882
1 @ 188.88 = 188.88 DRGAN LLC # 2