



(Instructions on back of application)

STATE  
IDAHO

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of 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.

**Address**

IDAHO SECRETARY OF STATE  
 03/15/2004 05:00  
 CK: 31240048346DMF CT: 172099 BH: 732033  
 1 @ 100.00 = 100.00 ORGAN LLC # 2

Revised 07/2002

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