

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2005 DEC 30 AH 9: 04

1.	The name of the limited liability com	pany is:	SECRETARY OF STATE STATE OF IDAHO
2.	The street address of the initial registered office is: 5385 COUNTRY CLUB DRIVE, POCATELLO, IDAHO 83204		
	and the name of the initial registered TAMARA L. MOORE	agent at the above address is:	
3.	The mailing address for future correspondence is: 5385 COUNTRY CLUB DRIVE, POCATELLO, IDAHO 83204		
4.	Management of the limited liability company will be vested in: Manager(s) or Member(s) (please check the appropriate box)		
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.		
	Name	Address	
	TRACY L. MOORE	5385 Country Club Dr., Pocatell	o. ID 83204
	TAMARA L. MOORE	5385 Country Club Dr., Pocatell	
6.	Signature of at least one person respo	onsible for forming the limited liabili	ty company:
S	Signature: X Vicing Moure Syped Name: TRACY L. MOORE Sapacity: MANAGER		State use only
S	ignature) America 3/1/100 yped Name: TAMARA L. MOORE apacity: MANAGER		