

FILED EFFECTIVE

(Instructions on back of application)

1.	The name of the limited liability compa	any is:	
2.	. The street address of the initial registered office is: 2105 Coronado Street, Idaho Falls, ID 83404		
	and the name of the initial registered a Winston V. Beard	agent at the above address is:	
3.	The mailing address for future correspondence is: P O Box 567, St. Anthony, ID 83445		
4.	Management of the limited liability company will be vested in:		
	Manager(s) v 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	
	Neil L. Kunz	P O Box 567, St. Anthony, ID 83445	
	Signature of at least one person responsible signature: Typed Name: Gregory C. Calder Capacity: Organizer Signature Typed Name:	IDAHO SECRETARY OF STATE 11/27/2004 05:00	
	Capacity:	Telles of total control of the second of the	

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