

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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08 JUN 30 AM 9: 22

1.	The name of the limited liability con	npany is:		SECRETARY OF STATE STATE OF IDAHO			
2.	The street address of the initial registered office is: 6808 W. Seltice Way, Post Falls, ID 83854						
	and the name of the initial registered	d agent at t	he above	address is:			
3.	The mailing address for future correspondence is: 6808 W. Seltice Way, Post Falls, ID 83854						
4. The limited liability company will be:							
	Manager-managed  or Member	r-managed	<b>(</b>	elease check the appropriate box)			
5.	If manager-managed, list the name(s) and address(es) of at least one initial manager. If member-managed, list the name(s) and address(es) of at least one initial member.						
	<u>Name</u>			Address			
	David J. Zwyer	6808 W. S	Seltice W	ay, Post Falls, ID 83854			
	Jill C. Zwyer	6808 W. S	Seltice Wa	ay, Post Falls, ID 83854			
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6.	Signature of at least one person resp	onsible for	forming (	he limited liability company:			
	Signature:		-	Secretary of State use only			
	Typed-Name: David J. Zwyer Capacity: Member		rization				
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	Signature		orms/LC forms/artsoforganization.pr Revised 05/2007	IDAHO SECRETARY OF STATE			
	Typed Name:	<del></del>	Revised	06/30/2008 05:00 CK: 18451 CT: 20062 BH: 1122318 1 0 100.00 = 100.00 ORGAN LLC			
(	Capacity:		艺	YOU'S ON WOUND ELL M			