

ARTICLES OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

100 16 PH 2: 27

1.	The name of the limited liability con	npany is:
	N530WC LLC	
2.	The street address of the initial regis	stered office is:
	13965 W. Chinden Blvd. Ste. 300	Boise Idaho 83713
	and the name of the initial registered	d agent at the above address is:
	Ron Kennedy	
3.	The mailing address for future corres	spondence is:
	13965 W. Chinden Blvd. Ste. 300	
4.	Management of the limited liability co	ompany will be vested in:
	Manager(s) or Member(s)	(please check the appropriate box)
	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
	Name Western Benefit Solutions LLC	Address 13965 W. Chinden Blvd. Ste. 300
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6	Western Benefit Solutions LLC	13965 W. Chinden Blvd. Ste. 300 Boise Idaho 83713
	Signature of at least one person lesp	13965 W. Chinden Blvd. Ste. 300 Boise Idaho 83713 onsible for forming the limited liability company:
S	Western Benefit Solutions LLC	13965 W. Chinden Blvd. Ste. 300 Boise Idaho 83713 onsible for forming the limited liability company:
S	Signature of at least one person lesp	13965 W. Chinden Blvd. Ste. 300 Boise Idaho 83713 onsible for forming the limited liability company:
S T C	Signature of at least one person lesp signature: Jeffrey Â. De Voe sapacity: Organizer	13965 W. Chinden Blvd. Ste. 300 Boise Idaho 83713 onsible for forming the limited liability company:
S T C	Signature of at least one person lesponders of a least one person	Boise Idaho 83713 Onsible for forming the limited liability company: Secretary of State use only 1DAHO SECRETARY OF STATE 93/16/2004 95=00