



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2004 DEC 20 05:00 S: 64

STATE OF IDAHO

1. The name of the limited liability company is:

Benschling Family, LLC

2. The street address of the initial registered office is:

1502 Powers Avenue, Lewiston, ID 83501

and the name of the initial registered agent at the above address is:

Barbara A. Moore

3. The mailing address for future correspondence is:

1502 Powers Avenue, Lewiston, ID 83501

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
<u>Barbara A. Moore</u>	<u>1502 Powers Ave., Lewiston, ID 83501</u>
<u>Debra Herrman</u>	<u>1825 Birch Dr., Lewiston, ID 83501</u>
<u>Thomas L. Benschling</u>	<u>1549 Chestnut St., Clarkston, WA 99403</u>
<u>Virginia Sorenson</u>	<u>1570 NE 63rd Ave. A, Hillsboro, OR 97124</u>

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Barbara A. Moore

Secretary of State use only

Typed Name: Barbara A. Moore

Capacity: Member

Signature _____

Typed Name: _____

Capacity: _____

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Revised 07/2002

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12/20/2004 05:00
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