AL AL	ARTICLES OF ORG	ANIZATION	FILED EFFECTIV	
	LIMITED LIABILITY		2007 FEB 21 AM 8: 38	
	(Instructions on back of	application)		
1.	The name of the limited liability compar Whatarerates.com ユレニ	ny is:	SECRETARY OF STATE STATE OF IDAHO	
2.	The street address of the initial register	ed office is:		
	5662 Parchment Avenue Boise, ID 8			
	and the name of the initial registered ag	gent at the above addres	is is:	
	Michael B. Coba	·		
3.	The mailing address for future correspo	ondence is:		
	5662 Parchment Avenue Boise, ID 8			
4	Management of the limited liability company will be vested in:			
5	Manager(s) or Member(s) If management is to be vested in one or address(es) of at least one initial mana member(s) list the name(s) and address	ger. If management is to	ne name(s) and be vested in the	
5	If management is to be vested in one or	r more manager(s), list ti ger. If management is to ss(es) of at least one init	ne name(s) and be vested in the	
5	If management is to be vested in one or address(es) of at least one initial mana member(s), list the name(s) and addres Name	r more manager(s), list ti ger. If management is to ss(es) of at least one init	ne name(s) and be vested in the ial member. Address	
5.	If management is to be vested in one or address(es) of at least one initial mana member(s), list the name(s) and addres Name	r more manager(s), list th ger. If management is to ss(es) of at least one init	ne name(s) and be vested in the ial member. Address	
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	If management is to be vested in one or address(es) of at least one initial mana member(s), list the name(s) and addres Name Michael B. Coba	r more manager(s), list th ger. If management is to ss(es) of at least one init 5662 Parchment Avenu	ne name(s) and be vested in the ial member. Address le Boise, ID 83713	
	If management is to be vested in one or address(es) of at least one initial mana member(s), list the name(s) and addres Name Michael B. Coba	r more manager(s), list the open of at least one init 5662 Parchment Avenu nsible for forming the lim	ne name(s) and be vested in the ial member. Address le Boise, ID 83713	
	If management is to be vested in one or address(es) of at least one initial mana member(s), list the name(s) and addres Name Michael B. Coba	r more manager(s), list the open of at least one init 5662 Parchment Avenu nsible for forming the lim	he name(s) and be vested in the ial member. Address le Boise, ID 83713 ited liability company:	
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