



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2004 AUG -9 A 8:47
SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

1. The name of the limited liability company is:

Reaville, LLC

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

4142 Shoshone Falls Grade Twin Falls, ID 83301

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

Ted L. Rea

3. The mailing address for future correspondence is:

PO Box 1293 Twin Falls, ID 83303-1293

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>Ted L. Rea</u>	<u>4142 Shoshone Falls Grd, Twin Falls, ID 83301</u>
<u>Dorothy B. Rea</u>	<u>4142 Shoshone Falls Grd, Twin Falls, ID 83301</u>
_____	_____
_____	_____
_____	_____

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

Signature: *Ted L. Rea*

Typed Name: Ted L. Rea

Capacity: Member

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

W32453

IDAHO SECRETARY OF STATE
08/09/2004 05:00
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