

Typed Name: Emily Hart

Capacity: Member

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

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	(Instructions on bac	ck of application)	200 mm vii 0. 38
1.	The name of the limited liability con	npany is:	SECRETARY OF STATE STATE OF IDAHO
2.	The street address of the initial regi	stered office is:	
	and the name of the initial registered	d agent at the above addre	ss is:
3.	The mailing address for future correspondence is: P.O. Box 1558 McCall, ID 83638		
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
	Karen Rains	2479 S. Nantucket Way	/ Boise, ID 83706
	Emily Hart	301 Finn Church Lane McCall, ID 83638	

6.	Signature of at least one person resp	oonsible for forming the lim	ited liability company:
5	Signature: <u>Darw Raws</u>		Secretary of State use only
	yped Name: Karen M. Rains	Det Voge	
C	Capacity: Member	Obogan Tazari	
_	signature 4ML	S target	IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE

06/22/2007 05:00

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