

FILED/EFFECTIVE



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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1. The name of the limited liability company is: Senorita, L.L.C.

2. The address of the initial registered office is: 5960 West Half Moon Lane, Eagle, Idaho 83616

_____ and the name of the initial registered agent at that address is: Teri L. Ahrens

3. The mailing address for future correspondence: 5960 West Half Moon Lane, Eagle, Idaho 83616

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 members, list the name(s) and address(es) of at least one initial member.

<u>Name</u>	<u>Address</u>
Teri L. Ahrens	5960 West Half Moon Lane, Eagle, Idaho 83616
_____	_____
_____	_____
_____	_____
_____	_____

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

Signature *Teri L. Ahrens*

Typed Name Teri L. Ahrens

Capacity Member

Signature _____

Typed Name _____

Capacity _____

Secretary of State use only

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Revised 01/2001

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08/30/2001 05:00
CK: 5978 CT: 84162 BH: 416599
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