

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application) 06 APR -5 PM 2: 23

1.	The name of the limited liability comp	pany is:		SECRET AT OF STATE STATE OF IDAHO
2.	The street address of the initial registered office is: 4662 Henry Street, Suite A, Boise, Idaho 83709			
	and the name of the initial registered Gary Lee Maxwell	agent at the	above a	ddress is:
3.	The mailing address for future correspondence is: 4662 Henry Street, Suite A, Boise, Idaho 83709			
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
	Gary Lee Maxwell	2097 Whit	e Pine L	ane, Boise, Idaho 83706
	Jennifer Jensen Maxwell	2097 Whit	e Pine L	ane, Boise, Idaho 83706
6.	Signature of at least one person resp	onsible for fo	orming th	e limited liability company:
	Signature: Typed Name: Gary Lee Maxwell		30.nc	Secretary of State use only
	Capacity: Managing Member Signature Typed Name: Jennifey Jensen Maxw Capacity: Managing Member	laxwell eli	orpiformskill.C formskartsoforganization.;465 Revised 07/2002	IDAHO SECRETARY OF STATE 04/05/2006 05:0 CK: 179 CT: 198989 BH: 9475