

Capacity: Manager/Member

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY 2003 FEB 20 AM 9: 05

FILED/EFFECTIVE

W22857

- N	(IIIStructions off back)	or application)
1.	The name of the limited liability comp	eany is: SEURE MATE OF STATE STATE OF IDAHO
2.	The street address of the initial registe	ered office is:
	1395 N.W. Main Street, Blackfoot,	daho 83221
	and the name of the initial registered	agent at the above address is:
	Benjamin Arave	
3.	The mailing address for future corresp	oondence is:
	1395 N.W. Main Street, Blackfoot,	daho 83221
4.	Management of the limited liability cor	mpany will be vested in:
	Manager(s) v or Member(s)	(please check the appropriate box)
5.		or more manager(s), list the name(s) and ager. If management is to be vested in the ess(es) of at least one initial member.
	Name	Address
	Benjamin Arave	1395 N.W. Main Street, Blackfoot, Idaho 83221
	Wilson R. Armstrong	3718 Cromwell Lane, Blackfoot, Idaho 83221
		Market and the second
6.	Signature of at least one person response	onsible for forming the limited liability company:
	Signature:	Secretary of State use only
	Typed Name: Berljamin Arave Capacity: Manager/Member	nization.
	Capacity.	Leofordia
	Signature Willer & Comst.	Secretary of State use only
	Typed Name: Wilson R. Armstrong	목 등 CK: 1038 CT: 167567 BH: 66399