

## ARTICLES OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY -7 AM 9: 32

(Instructions on back of application) SECRETARY () F STATE

1.	The name of the limited liability compa	any is:	STATE OF ID	4HO
2.	The street address of the initial registe			
	211 Sun Valley Road, Ketchum, ID	83340		
	and the name of the initial registered a	agent at the a	bove address	is:
3.	The mailing address for future corresp P.O. Box 1862, Ketchum, ID 8334			
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		
	L. Kelly Stevenson	Post Office	e Box 1862, K	etchum, ID 83340
6.	Signature of at least one person resp	onsible for f	orming the limi	ted liability company:
	Signature:		S <sub>S</sub>	ecretary of State use only
	Typed Name: L. Kelly Stevenson	<del> </del>	nization.p	
	Capacity: Managing Member		tsoforgat	
	Signature		Applorms/LLC forms/artsofunganization p65 Ravisad 07/2002	IDAHO SECRETARY OF STAT
	Typed Name:		forms/LI Revised	CK: 1989 CT: 184281 BH:
	Capacity:		<u>\$</u>	1 8 180.00 = 100.00 EXPEDI

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