

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2006 MAY 17 AM 9:18

1.	The name of the limited liability compa	any is:	SECRETARY OF STATE STATE OF LOVIO	
2.	The street address of the initial registered office is:  3575 N. Brookside Ln., Boise, ID 83714			
	and the name of the initial registered agent at the above address is:  Heidi A. Egerman			
3.	The mailing address for future correspondence is:  3575 N. Brookside Lane, Boise, ID 83714			
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	
	Heidi A. Egerman	3575 N. Brookside Lane, Boise, ID 83714 6827 Parapet Ct., Boise, ID 83714		
	Theresa Silva			
6.	Signature of at least one person resp	onsible for forming th	ne limited liability company:	
	Signature Wedi (1 Country)		Secretary of State use only	
	Capacity: Cunky			
	Signature Signature	corptormst.L.C formstartsoforganizabon.p65	W 50784	
	Typed Name Theresa Silva	omst.L.Coms\	IDAHO SECRETARY OF STATE 95/17/2006 95:00	
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