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LIMITED LI	OF ORGANIZATION ABILITY COMPANY
(Instruction	ns on back of application)
1. The name of the limited lia	HAEOLOGICAL SERVICES L.E. E. OF DAHO
2. The street address of the i	nitial registered office is:
49E. 450 S. V.	ILTOR 10 83455
and the name of the initial	registered agent at the above address is:
BRINN HERBE	
3. The mailing address for fu	
P.O. Box -170	VICTOR ID 83455 OF 9
4 Management of the limited	d liability company will be vested in:
Manager(s) or Merr	
Name	Address
BRIAN HERBEL	498.4505, VICTOR 10 83455 BOX JO VICTOR, 10 83455
6. Signature of at least one	person responsible for forming the limited liability company:
Signature	Secretary of State use only
Typed Name: Brian Herb	
Capacity: OWNER, ME	IDAHO SECRETARY OF STATE
.	8 07/25/2003 05:00 8 CK: 1426 CT: 171794 BH: 692968
Signature	1 @ 109.00 = 109.00 ORGAN LLC #
Typed Name:	
Capacity:	$\underline{\qquad} \qquad $