		FILED EFFECT
ARTICLES OF ORC LIMITED LIABILITY (Instructions on back of 1. The name of the limited liability comp J-MARK AVIATION LLC	Y COMPANY f application)	2008 JAN 28 AM 9: 25 SECRETARY OF STATE STATE OF IDAHO
2. The street address of the initial registe 1695 WEST SILVERCREST DRIVE		3
and the name of the initial registered a JAMES D HUEGLI	agent at the above ad	ldress is:
3. The mailing address for future corresp 1695 WEST SILVERCREST DRIVE		3
4. The finited lightlife company will be		
4. The limited liability company will be: Manager-managed or Member-	managed 🗹 (plea	se check the appropriate box)
• - ·) and address(es) of a and address(es) of a	at least one initial manage
Manager-managed or Member- 5. If manager-managed, list the name(s) If member-managed, list the name(s)) and address(es) of a and address(es) of a	at least one initial manag t least one initial membe
Manager-managed or Member- 5. If manager-managed, list the name(s) If member-managed, list the name(s) <u>Name</u>) and address(es) of a and address(es) of a	at least one initial manage t least one initial membe Address
Manager-managed or Member- 5. If manager-managed, list the name(s) If member-managed, list the name(s) <u>Name</u>) and address(es) of a and address(es) of a	at least one initial manage t least one initial membe Address
Manager-managed or Member-in 5. If manager-managed, list the name(s) If member-managed, list the name(s) Name <u>CARLA SUE HUEGLI</u> 6. Signature of at least one person resp	and address(es) of a and address(es) of a 1695 WEST SILVER	at least one initial manage t least one initial membe Address CREST DRIVE BOISE II
Manager-managed or Member- 5. If manager-managed, list the name(s) If member-managed, list the name(s) Name CARLA SUE HUEGLI	and address(es) of a and address(es) of a 1695 WEST SILVER	at least one initial manage t least one initial membe Address CREST DRIVE BOISE II
Manager-managed or Member-in 5. If manager-managed, list the name(s) If member-managed, list the name(s) Name CARLA SUE HUEGLI 6. Signature of at least one person resp Signature: Typed Name	and address(es) of a and address(es) of a 1695 WEST SILVER	at least one initial mana t least one initial memb Address CREST DRIVE BOISE e limited liability compa Secretary of State use only