

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

	(Instructions on back o	Y COMPANY fapplication)	CORETARY STATE OF STATE
1.	The name of the limited liability compa	any is:	STATE OF SATE
2.	615 Ekes Road Moscow, ID 83843		
	and the name of the initial registered a Lori B. Clary	agent at the above add	ress is:
3.	The mailing address for future correspondence is: 615 Ekes Road Moscow, ID 83843		
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	
	Lori B. Clary	615 Ekes Road Moscow, ID 83843	
	Bridget F. Pilcher	1870 Orchard Avenu	ue Moscow, ID 83843
6.	Signature of at least one person responsible to the second responsible	Onsible for forming the	Secretary of State use only Secretary of State use only