

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

06 APR -3 AM 10: 59

1.	The name of the limited liability comp	pany is:	SECREPART OF STATE STATE OF IDAHO
2.	The street address of the initial registered office is: 1800 N. ELDER STREET, NAMPA, ID 83687		
	and the name of the initial registered DON R. THORNTON	agent at the above address is:	
3.	The mailing address for future correspondence is: 1800 N. ELDER STREET, NAMPA, ID 83687		
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	Addres	s
	DON R. THORNTON	1800 N. ELDER STREET, N.	AMPA, ID 83687
6.	Signature of at least one person response	ensible for forming the limited lia	ability company:
	Signature: Non Chomb	Secretary Secretary	of State use only
(-	Typed Name: DON R. THORNTON Capacity: MEMBER Signature MEMBER Typed Name: OTTO RAYMOND ODE Capacity: MEMBER	RMOTT Revised 07/2002 Revised 07/2002 Revised 07/2002	IDAHO SECRETARY OF STATE 4/03/2006 05:00 : 32756 CT: 49583 BH: 946832 100.00 = 100.00 ORGAN LLC #