

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY



(Instructions on back of application)

PART APR - 2 AM O

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1.	The name of the limited liability comp	oany is:		er esta la sultata	
	H & E L.L.C.		S	IAIE OF IDAHO	
2.	The street address of the initial registered office is:				
	3177 Woodridge Drive, Twin Falls, Idaho 83301				
	and the name of the initial registered	the name of the initial registered agent at the above address is:			
	Hendrikus C. Loman	· ·			
^	The mailing address for fathers corres	nondonce is	-		
3.	The mailing address for future correspondence is: 3177 Woodridge Drive, Twin Falls, Idaho 83301				
4.	Management of the limited liability company will be vested in:				
	Manager(s) or Member(s)	please che	ck the appropriat	e box)	
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) or 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	
	Hendrikus C. Loman	3177 Woo	odridge Driv	e, Twin Falls, Idaho 83301	
		<u></u>			
					
6	Signature of at least one person resp	onsible for f	ormina the li	mited liability company:	
	// / / //	Come		Secretary of State use only	
	Typed Name: Hendrikus C. Loman		ijan.p85	Sedelary or State use only	
	Capacity: Member		RZJUBČU		
			22		
	Signature		forms/L.C.forms/ Revised 07/2002		
	Typed Name:		gi konpivoms NLC forms iar faofonganization, p85 Ravitad 07/2002	IDAHO SECRETARY OF STATE 04/03/2003 05:00	
	Capacity:		Wei har	CK: 2766 CT: 138126 BH: 67268	

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