

## ARTICLES OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2005 007 -3 111 9:30

(Instructions on back of application)

4	(Instructions on back of	of application)	STATES OF STATE
l. '	The name of the limited liability compa	any is:	SECTION OF STATE STATE OF SHO
2.	The street address of the initial registered office is:		
	740 Mckinley Avenue, Kellogg, Idaho 83837		
į	and the name of the initial registered a	agent at the abo	ve address is:
	Cory I. Lewis		
3.	The mailing address for future correspondence is:		
	740 McKinley Avenue, Kellogg	, Idaho 83837	
4.	Management of the limited liability company will be vested in:		
	Manager(s) or Member(s) (please check the appropriate box)		
	If management is to be vested in one of address(es) of at least one initial manamember(s), list the name(s) and addre	ager. If manage	ment is to be vested in the
	Name	Address	
	Cory I. Lewis	2456 Alfalf	a Loop, Post Falls, ID 8385
	Scott L. Hall	55 Cegnar Road, Kingston, ID 83839	
<b>3</b> .	Signature of at Jeast one person respo	ensible for formi	ng the limited liability company:
	Signature: (W) Lewis		Secretary of State use only
7	yped Name: Cory I. Leu	Sic Sic	
(	Capacity: <u>Member</u>	oforganiz	
۶		starts	
_	Signature	E X	AMARINANU SP
٦	Signature Typed Name:	1 4 5	IDAHO SECRETARY OF 10/03/2005 CK: 15475 CT: 7308 I

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