

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY 28 AM 9:00

(Instructions on back of application) SECRETARY OF STA

1.	The name of the limited liability comp	pany is: STATE	OF IDAHO
2.	The street address of the initial regist 2465 Princess Dr. Idaho Falls, Idah		
	and the name of the initial registered a	agent at the above addr	ess is:
3.	The mailing address for future correspondence is: 2465 Princess Dr., Idaho Falls, ID 83406		
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
	Alan C. Stephens	2465 Princess Dr., Ida	aho Falls, ID 83406
-	Signature of at least one person responsion for the second	ensible for forming the lin	nited liability company: Secretary of State use only
\$	Signature	omavLC forms/arteo	IDAHO SECRETARY OF STATE