

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY 06 FEB - 6 PM 3: 10

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(Instructions on back of application)

1.	The name of the limited liability comp	SEUNDAME OF STATE pany is: \$\frac{1}{p} \text{STATE OF IDAHO}
2.	The street address of the initial regist	ered office is:
	3220 Sunday Place, Caldwell, Idah	0 83605
	and the name of the initial registered Gail M. Shields	agent at the above address is:
3.	The mailing address for future corresp	pondence is:
	3220 Sunday Place, Caldwell, Idah	o 83605
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
	Gail M. Shields	3220 Sunday Place, Caldwell, Idaho 83605
6	Signature of at least one person record	
	$a: l \rightarrow 00: l$	onsible for forming the limited liability company:
;	Signature: <i>Hell M. Shield</i>	
	$a: l \rightarrow 00: l$	
	Signature: <u>Alul M. Shield</u> Typed Name: <u>Gail M. Shields</u> Capacity: <u>Member</u> Signature	
	Signature: Aul M. Shields Typed Name. Gail M. Shields Capacity: Member Signature Typed Name:	
	Signature: <u>Alul M. Shield</u> Typed Name: <u>Gail M. Shields</u> Capacity: <u>Member</u> Signature	Secretary of State use only Secretary of State use only State use only