

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(instructions on back of application)

2008 JAN 11 PM-4* 47

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1. The name of the limited liability compa	any is: STATE OF IDAHO
 The street address of the initial registe 7219 MAIN ST, BONNERS FERRY, I 	
and the name of the initial registered a ROBERT S. SHELMAN	gent at the above address is:
3. The mailing address for future correspondence PO BOX 14, BONNERS FERRY, ID 8	
4. The limited liability company will be:	
Manager-managed 🗹 or Member-m	IANAGED (please check the appropriate box)
 If manager-managed, list the name(s) a if member-managed, list the name(s) a 	and address(es) of at least one initial manager. Ind address(es) of at least one initial member.
Name	Address
ROBERT S. SHELMAN P	O BOX 14, BONNERS FERRY, ID 83805
. Signature of at least one person respon	sible for forming the limited liability company:
Signature: Robert & Alebra	
Typed Name: ROBERT S. SHELMAN	Secretary of State use only
Capacity: MANAGER	
Signature	1. 7183(0
Typed Name:	
Capacity:	IDAHO SECRETARY OF STAT

IDAHO SECRETARY OF STATE

91/14/2008 95:00

CK: 1418428 CT: 172099 BH: 1094289
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