

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY 2003 NOV -3

	(Instructions on bac	k of application)	MY -3 AM 9:31
	me of the limited liability come Staffing, LLC	npany is:	STATE OF IDAHO
2. The str	eet address of the initial regis	stered office is:	
	lue Lakes Blvd. North, Suite		301
	name of the initial registered		
	E. Visser		
	iling address for future corres		
870 B	lue Lakes Blvd. North, Suite	#4, Twin Falls, ID 833	01
4. Manage	ement of the limited liability co	mpany will be vested in	:
Manage	er(s) v or Member(s)	(please check the appropria	ite box)
	(es) of at least one initial man	iager. it management is	s to be vested in the
	Name	ess(es) of at least one i	nitial member. Address
	(5), not the name(5) and addr	ess(es) of at least one i	nitial member.
	Name	ess(es) of at least one i	nitial member. Address
	Name	ess(es) of at least one i	nitial member. Address , Suite #4, Twin Falls, ID
	Name	ess(es) of at least one i	nitial member. Address , Suite #4, Twin Falls, ID
	Name	ess(es) of at least one i	nitial member. Address , Suite #4, Twin Falls, ID
Stan E	Name . Visser e of at least one person respo	870 Blue Lakes Blvd.	nitial member. Address , Suite #4, Twin Falls, ID 83301
6. Signature:	Name Name Visser conat least one person respondence to the control of the cont	870 Blue Lakes Blvd.	nitial member. Address , Suite #4, Twin Falls, ID 83301
Stan E 6. Signature:	Name Name Visser conat least one person respondence to the control of the cont	870 Blue Lakes Blvd.	nitial member. Address , Suite #4, Twin Falls, ID 83301 mited liability company:
6. Signature: Signature: Typed Nan Capacity:	Name	870 Blue Lakes Blvd.	nitial member. Address , Suite #4, Twin Falls, ID 83301 mited liability company: Secretary of State use only
Stan E Signature: Typed Nan Capacity: Signature Typed Nan	Name Name Visser conat least one person respondence to the control of the cont	870 Blue Lakes Blvd.	nitial member. Address , Suite #4, Twin Falls, ID 83301 mited liability company:

W 26/00