

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

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(Instructions on bac	ck of application)	572 10 10 10 16 16 16 16 16 16 16 16 16 16 16 16 16
The name of the limited liability com	npany is: <u>Country Mo</u>	rtgage LLC
The address of the initial registered	office is: 151 North Ri	dge, Suite 240
Idaho Falls, ID 83402 agent at that address is: Bank o		name of the initial registered
The mailing address for future corresp	pondence: P.O. Box 14	87
Idaho Falls, ID 83403 Management of the limited liability co	mpany will be vested in:	
Manager(s) or Member(s)	(please check the appropriate box)	
. If management is to be vested in one at least one initial manager. If manag address(es) of at least one initial me Name	pement is to be vested in the	members, list the name(s) and
Bank of Idaho	151 North Rid Idaho Falls,	
. Signature of at least one person respo	onsible for forming the limite	d liability company:
Typed Name Jefferey E. Jones Capacity Executive Vice Pres	sident Sed Oliver Sed Oliver	Secretary of State use only
Bank of Idaho Signature	of/2001	
Typed Name	ည ^{ဆို}	IDAHO SECRETARY OF STATE 11/02/2001 05:00 CK: 1560 CT: 129334 BH: 42778

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