

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2005 FEB -9 PM 2

1.	The name of the limited liability company	is:				STATE OF	IDAH C	
	ELLINAS Propo	ertie	5, 4	<u> </u>				
2.	The street address of the initial registered	office is	s:					
	100 S. Hiawatha Dr.	Hay	ley	ED	833	223		
	and the name of the initial registered agent at the above address is:							
	Molly S. Prekeges							
3.	The mailing address for future corresponde	ence is:	:					
	(Same as above)		-n.·				ļ.	
4.	Management of the limited liability compan	y will b	e vested	d 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			Addres	55			
	Peter G, Preteges 10	00 9	S. Hia	weethou	Dr.	HerlexI	83333	
	Peter G. Preteges 10 Molly S. Preteges 10	oo s	Hic	wither	Dr.	Heuley ID	83.33	
								
6	Cinnature of atlanta management A.							
	Signature of at least one person responsible Signature:	e tor to -	ming tr	e limited li	ability c	ompany:		
	Typed Name: Peter G. Prekeges		196 196 196	Secretar	y of State	use only		
C	Capacity: <u>Member</u>		organizat					
<u>,</u>	Signature		g'corpWormstL.Clomstartsoforganization p55 Revised 07/2002					
1	yped Name:		formstill Cforms		IDAH	O SECRETARY OF S	•	
	Capacity:		Ren Ren		CK: 289	9/2005 0 CT: 145769 PM	TATE 5 = 60	

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