

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

2006 JUN 26 41 8:46

(Instructions on back of application)

1.	The name of the limited liability com	pany is:	SECRETARY OF STATE STATE OF ID: HO
2.	The street address of the initial registered office is:		
	1192 S. 52 E., IDAHO FALLS, IDAHO 83401		
	and the name of the initial registered SCOTT R. SEEDALL	d agent at the above address is:	
3.	The mailing address for future correspondence is:		
	1192 S. 52 E., IDAHO FALLS, IDAHO 83401		
4.	Management of the limited liability company will be vested in: Manager(s) or Member(s) (please check the appropriate box) 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.		
5.			
	Name	Address	
	TIM JACKSON	419 D. STREET, IDAHO FALLS, IDAHO	83402
			, <u>, , , , , , , , , , , , , , , , , , </u>
			
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6.	Signature of at least one person resp	consible for forming the limited liability comp	any:
	Signature: ARAM	Secretary of State use of	
	Typed Name: SCOTT R. SEEDALL	9d tuog	,
	Typed Name: SCOTT R. SEEDALL Capacity: ORGANIZER Signature		
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