

ARTICLES OF ORGANIZATION

	LIMITED LIABILI	TY COMPANY 2006 DEC 29 . Att 8: 45
	(Instructions on back	cofapplication) SECRETARY OF STATE
1.	The name of the limited liability comp WESTERN ASSISTED SERVICES	pany is: STATE OF IDAHO
2.	The street address of the initial regis	
upos i	and the name of the initial registered JAMES R. PRIMM	I agent at the above address is:
3.	The mailing address for future corres P O BOX 2076, TWIN FALLS ID	
4.	Management of the limited liability co	ompany will be vested in:
	Manager(s) or Member(s)	(please check the appropriate box)
5.	If management is to be vested in one address(es) of at least one initial manember(s), list the name(s) and add	e or more manager(s), list the name(s) and inager. If management is to be vested in the
	Name	Address
	Name JAMES R. PRIMM	Address SAME AS ABOVE
	Name	Address
	Name JAMES R. PRIMM	SAME AS ABOVE 879 SOUTH 200 EAST, WELLSVILLE UTAH
w 11	Name JAMES R. PRIMM	SAME AS ABOVE 879 SOUTH 200 EAST, WELLSVILLE UTAH
-	JAMES R. PRIMM PAMELA G. DILLON	SAME AS ABOVE 879 SOUTH 200 EAST, WELLSVILLE UTAH