

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

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N. S.	(Instructions on back	of application)	STATE (1/2 9:21
1.	The name of the limited liability company is		$Q_{M}^{*}(M) \sim 0$
2.	The address of the initial registered office is	501 STOVER PIE	RCE IDAHO 83546
	agent at that address is:DENNIS_RUA		ame of the initial registered
3.	The mailing address for future correspondence	e: PO BOX 365 P	IERCE ID 83546
4.	4. Management of the limited liability company will be vested in:		
	Manager(s) or Member(s) . (please chec	k 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 members, list the name(s) and address(es) of at least one initial member. Name Address		
	DENNIS RUARK	PO BOX 365 PIERC	E ID 83546
		PO BOX 365 PIERC	
6.	Signature of at least one person responsible for forming the limited liability company:		
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