

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

1.	The name of the limited liability compa	ny is: STATE OF IDAHO
2.	The street address of the initial registered office is: 142 N. Riverside Dr., Horeshoe Bend, Id 83629	
	and the name of the initial registered a Amelia K. Robison	gent at the above address is:
3.	The mailing address for future correspondence is: P. O. Box 205, Horseshoe Bend, Id 83629	
4.	Management of the limited liability company will be vested 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	Address
	C. Dennis Robison	14323 S. 141st Place, Gilbert, Az 85296
	Amelia K. Robison	14323 S. 141st Place, Gilbert, Az 85296
	Kenneth A. Henderson	142 N. Riverside Dr., Horseshoe Bend, Id 83624
	Elizabeth Sue Henderson	142 N. Riverside Dr., Horseshoe Ben, ld 83629
		it I) for forming the limited liability company:
6.	6. Signature of at least one person responsible for forming the limited liability company: Signature: Secretary of State use only	
	Signature:	Secretary of State use only
	Capacity: member	- In the second
	Signature	1 8 20.80 = 20.80 EXPEDITE UNIO
	Capacity:	