

Capacity: ____

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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₹ 9	(Instructions of back of	of application)	SECHELLING OF STAT		
۱. ·	The name of the limited liability compa	any is:	STATE OF IDAHO		
	Interpine, LLC				
2.	The street address of the initial registe	ered office is:			
	225 North 9th Street, Suite 820, Bo				
	and the name of the initial registered		ess is:		
	Scott A. Tschirgi	-9-			
_		nondence is:			
3	The mailing address for future corresp				
	225 North 9th Street, Suite 820, Bo				
4.	Management of the limited liability company will be vested in:				
	Manager(s) or Member(s) \(\times \)	(please check the appropriat	e box)		
	address(es) of at least one initial mar member(s), list the name(s) and addi	ress(es) of at least one i	nitial member.		
	Michael King	94 Brunswick Rd. #4	, Rotorua, New Zealand		
	Andy Dick	70 Tiri Rd., Whangar	paraoa, New Zealand		
•	Signature of at least one person resp	nonsible for forming the	limited liability company:		
Ϧ.	1 1 N VI-	portable for forming the			
	Signature: Michael King	gg vu	Secretary of State use only		
	Capacity: Director	ms/LLC forms/antsolongan/zation.p65	W3313		
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		2 0			
	Signature Typed Name:	eVLC forms)	IDAHO SECRETARY OF ST/ 09/09/2004 05 CK: 44962 CT: 67242 BH:		