

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

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(Instructions on back of application)

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1.	The name of the limited liability compa	any is: SECAR OF UF STATE STATE CE IDMHO
2.		
	and the name of the initial registered a	agent at the above address is:
3.	The mailing address for future correspondence is: 1771 South Phillippi Street, Boise ID 83705	
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
	Don Amyx	1771 South Phillippi Street, Boise ID 83705
	Sue Ellen Goggin	12 Sperry Lode Road, Boise ID 83716
	Beti Amyx	1771 South Phillippi Street, Boise ID 83705
	 	
	6. Signature of at least one person responsible for forming the limited liability company:	
	Signature: 7	Secretary of State use only
	Typed Name: Don Amyx Capacity: Manager	anization ————
	- Manager	Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE OF 107/2006 05 = 00 CK: 3135 CT: 201106 BH: 98078 1 8 199.98 = 198.98 PROPERTY OF STATE
	Signature	Cloums/
	TypedName:	IDAHO SECRETARY OF STATE 96/97/2006 95:00
	Capacity:	CK: 3135 CT: 201106 BH: 958772