

ARTICLES OF ORGANIZATION ED/EFFECTIVE

(Instructions on back of application)

Dec 26 2 08 PH *01

1.	The name of the limited liability company is: ProManagements: L.C.	
2.	The address of the initial registered office is: 1770 W STATE ST, STE 200	
		and the name of the initial registered
	agent at that address is: MICHAEL MA	RCHESE
3.	The mailing address for future correspondence: 1770 W. STATE ST., STE 200	
	BOISE ID 83702	
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 members, list the name(s) and address(es) of at least one initial member. Name Address	
	MICHAEL MARCHESE	1770 W. STATE ST., STE 200
	MICHAEL MACCONE	BOISE ID 83702
8	6. Signature of at least one person responsible for forming the limited liability company: Signature P. Michael Marchine	
0.		
	Typed Name MICHAEL MARCHESE	
	Capacity MANAGER	
		Remarks by gar
	Signature Typed Name	Deserve Deserv
L.,. <u>-</u>	Capacity	IDAHO SECRETARY OF STATE 12/26/2001 05:00 CK: CASH CT: 155003 BH: 436642

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