

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

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-- 93 SEP 12 AM 9: 27 (Instructions on back of application)

1.	The name of the limited liability comp	pany is:	
2.	The street address of the initial registered office is: 2214 Westcliff Drive, Idaho Falls, ID 83402		
	and the name of the initial registered agent at the above address is: Zenda Kopp		
3.	The mailing address for future correspondence is: P.O. Box 50725. Idaho Falls, ID 83402		
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) or 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	
	Zenda Kopp	2214 Westcliff Drive, Idaho Falls, ID 83402	
	Rodney Kramer	2214 Westcliff Drive, Idaho Falls, ID 83402	
6. Signature of at least one person responsible for forming the limited liability compa)	
;	Typed Name: Zeoda Koob Capacity: Office Manager Signature	Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE 49/12/2003 05:00 CK: 1869 CT: 163774 BH: 781372	
	Typed Name: <u>So)wey Karama</u> Capacity: <u>Manager</u>	IDAHO SECRETARY OF STATE 99/12/2003 05 # 60 CX: 1880 CT: 163774 BH: 701372	

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