

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

05 JAN 11 ANN: LA

1.	The name of the limited liability compa	any is:	SECTION STATE
2.	The street address of the initial registered office is:		
	209 Linden Street, Boise, ID 83706		
	and the name of the initial registered a	agent at the above address	s is:
	Julianne Haller		
3.	he mailing address for future correspondence is:		
-	209 Linden Street, Boise, ID 83706		
4	Management of the limited liability company will be vested in:		
4.			
	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	
	Julianne Haller	209 Linden Street, Boise, ID 83706	
	Julianne Hailei		
6.	Signature of at least one person response	onsible for forming the limit	ted liability company:
	Signature: Julian Hell	<u>ير </u>	ecretary of State use only
	Typed Name: Julianne Haller	ization.	
	Capacity: manager	olorgan	
	Signature	pitoms/LC forms/anfsoforganization, p65 Revised 07/2002	IDAHO SECRETARY OF STATE 01/11/2006 05:00
	Typed Name:	forms/LLC forms/	CK: 2711 CT: 195814 BH: 93157
	Canacity:	Res	

W46323