

## **ARTICLES OF ORGANIZATION** LIMITED LIABILITY COMPANY FILED EFFECTIVE (Instructions on back of application)

1.	The name of the limited liability comp	pany is:		SECRETARY OF STATE STATE OF IDAHO
2.	The street address of the initial registered office is: 917 14th St. Lewiston ID 83501			
	and the name of the initial registered Brian J. Siler	agent at the	above a	ddress is:
3.	The mailing address for future correspondence is:			
	917 14th St. Lewiston ID 83501			
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
	Brian J. Siler	an J. Siler 917 14th St. Lewiston ID 83501		
			Jr. LOWIO	00001
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		<del></del>		
	,			
	Signature of at least one person response	onsible for fo	rming the	e limited liability company:
	Signature:		990	Secretary of State use only
	Capacity: President		ApVormakLC formalers clorgenization p65 Revised 07/2002	
			risolon	
8	Signature		7/2002	IDAHO SECRETARY OF STATE 07/20/2006 05:00
7	「yped Name:		omskillCformsk Revised 07/2002	CK: 48439137844 CT: 202568 BH: 96586' 1 8 180.88 = 188.88 ORGAN LLC # 2
(	Capacity:		Parties of the second s	

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