

## **ARTICLES OF ORGANIZATION** LIMITED LIABILITY COMPANY 63 FEB 21 PM 4: 07

	(Instructions on bac	cofapplication)	STATE OF IDAHO
1.	The name of the limited liability com	pany is:	SIATE OF IDAME
2.			
	and the name of the initial registered	l agent at the above ad	dress is:
3.	The mailing address for future correspondence is: 27859 Scott Pit Road, Parma, ID 83660		
4.	Management of the limited liability of	ompany will be vested in	n:
	Manager(s) or Member(s)	(please check the appropri	iate box)
5.	If management is to be vested in one address(es) or at least one initial mamember(s), list the name(s) and add	nager. If management	is to be vested in the
	Name	Address	
	Gary R. Van Vliet	26257 Mathews Roa	ad, Parma, ID 83660
		***************************************	
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		,, <del></del>	
6.	Signature of at least one person rest	onsible for forming the	limited liability company:
	Signature:	Sgowal S	Secretary of State use only
	Capacity: Organizer		