FILED EFFECTIVE



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(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:	
	15 West Main Street, Rexburg, ID	83440
	and the name of the initial registered JUAN C RAMOS	agent at the above address is:
3.	The mailing address for future corresponding PO BOX 50732, IDAHO FALLS, ID	
4.	Management of the limited liability co	mpany will be vested in:
	Manager(s) or Member(s)	(please check the appropriate box)
5.	management is to be vested in one or more manager(s), list the name(s) and ddress(es) of at least one initial manager. If management is to be vested in the lember(s), list the name(s) and address(es) of at least one initial member.	
	Name	Address
	JUAN C RAMOS	PO BOX 50732, IDAHO FALLS, ID 83405
6	Signature of at least one person reco	onsible for forming the limited liability company:
	Signature: <u>Juan Caclos Ram</u>	oc
	Typed Name: JUAN C RAMOS	Secretary of State use only
(Capacity: MEMBER/MANAGER	organiza
9	Signature	Secretary of State use only IDANO SECRETARY OF STATE 100
	Гуреd Name:	CK: 1838 CT: 186452 BH: 795139 1 @ 180.88 = 180.80 ORGAN LLC #
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