



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

02 JUL 26 PM 1:06

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Children's Auxiliary Program L.L.C.

2. The street address of the initial registered office is:

10696 N. Sagecrest Place, Boise, ID 83703

and the name of the initial registered agent at the above address is:

Thomas W. Mouser

3. The mailing address for future correspondence is:

(same as above)

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  |
|-------------------------|--|
| <u>Thomas W. Mouser</u> | <u>10696 N. Sagecrest Pl., Boise, ID 83703</u> |
| _____                   | _____  |
| _____                   | _____  |
| _____                   | _____  |
| _____                   | _____  |

6. Signature of at least one person responsible for forming the limited liability company:

Signature: *Thomas W. Mouser*

Typed Name: Thomas W. Mouser

Capacity: Manager

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Secretary of State use only

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Revised 07/2002

Web Form

IDAHO SECRETARY OF STATE  
07/26/2002 05:00  
CK: CASH CT: 122772 BH: 479359  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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