

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY 2007 FEB -5 AM 9: 08

(Instructions on back of application)	
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ne name of the limited liability company is:  STATE OF IDAHO  SAFARI SEDI, L.L.C.  he street address of the initial registered office is:  405 South 1st Street, Sandpoint, ID 83864  nd the name of the initial registered agent at the above address is:  Dolores A. Flower  The mailing address for future correspondence is:  405 South 1st Street, Sandpoint, ID 83864  Management of the limited liability company will be vested in:  Manager(s)		instituctions on East	· · · · · · · · · · · · · · · · · · ·	SECE	ETARY OF STATE
he street address of the initial registered office is:  405 South 1st Street, Sandpoint, ID 83864  Ind the name of the initial registered agent at the above address is:  Dolores A. Flower  The mailing address for future correspondence is:  405 South 1st Street, Sandpoint, ID 83864  Management of the limited liability company will be vested in:  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  Dolores A. Flower  405 South 1st Street, Sandpoint, ID 83864  Signature of at least one person responsible for forming the limited liability company signature:  Dolores A. Flower  Signature:  Dolores A. Flower  Capacity:  Member  Signature  Signature  Typed Name:  Capacity:  Member  Capacity:  1040 South 1st Street, Sandpoint, ID 83864  1 8 186.88 = 188.88	The name of the	limited liability compa	iny is:		
### Address    Dolores A. Flower	SAFARI SEDI,	L.L.C.			
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Manager(s)	405 South 1st	Street, Sandpoint, ID	83864		
Manager(s)	Management of	the limited liability cor	npany will be	vested in:	
Address (es) of at least one initial manager. If manager left is to be desired to member (s), list the name(s) and address (es) of at least one initial member.  Name  Address  Dolores A. Flower  Signature of at least one person responsible for forming the limited liability company (signature:					•
Dolores A. Flower  Signature of at least one person responsible for forming the limited liability company Signature:  Typed Name:  Capacity:  Member  Signature  Capacity:  Member  Capacity:  Typed Name:  Capacity:  Capac		at locat and initial man	iader itmialia		Se Acarea ur are
Signature of at least one person responsible for forming the limited liability company Signature:    Dolores A. Flower	1,1011.25, 12/1	:	•		
Signature:	Dolores A. FI	:	405 South 1	st Street, Sa	ndpoint, ID 83864
Signature:					
Signature:				·	
Signature:					
Signature:	i. Signature of a	Least one person rest	oonsible for for	rming the limi	ted liability company:
Typed Name: Dolores A. Flower  Capacity: Member  Signature	Signature:	Mary a. Sr	Cour		
Signature	Typed Name:	Dolores A. Flower		d'uogez	·
Signature	Capacity: Men	nber		Acron	
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