

ARTICLES OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANIE 15 AM 9: 32

(Instructions on back of application) SECRETARY OF STATE

1.	The name of the limited liability compa	oany is: STATE OF IDAHO
2.	The street address of the initial register 329 S WOODRUFF IDAHO FALLS,	
	and the name of the initial registered ag	agent at the above address is:
3.	The mailing address for future correspondence of the mailing address for future corres	
4.	Management of the limited liability com	mpany 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
	ROBERT CRANDALL	329 S WOODRUFF IDAHO FALLS, ID 83401
6.	Signature of at least one person responsion to the second signature: Typed Name: ROBERT CRANDALL Capacity: ORGANIZER Signature Typed Name:	IDAHO SECRETARY OF STATE 12/15/2005 05:06 CK: 1416 CT: 171497 RM: 92696
	Capacity:	——————————————————————————————————————