FILED EFFE TIVE



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

SECRETARY WALLATE

1.	The name of the limited liability compa	any is:	STATE OF IDAHO
2.	The street address of the initial registered office is: 508 Eighth St., Lewiston, ID 83501		
	and the name of the initial registered a	agent at the above address is:	
3.	The mailing address for future correspondence is: P.O. Box 517, Lewiston, ID 83501		
4.	Management of the limited liability co-	mpany will be vested in:	
	Manager(s) ✓ or Member(s)	_	
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	Addre	ess
	Douglas A. Head	P.O. Box 517, Lewiston, ID	83501
6.	Signature of at least one person responses Signature: Typed Name: Douglas A. Head Capacity: Manager Signature	nsharts of organization p65	I liability company: etary of State use only IDAHO SECRETARY OF STATE

28.80 = 20.86 EXPEDITE C # 3

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