

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY 2005 APR 20 AT 9: 05

FILED EFFECTIVE

(Instructions on back of application)

1.	The name of the limited liability compa	any is:	STATE OF TUAHO
2.	The street address of the initial registered office is: 5365 Redbridge Dr., Boise, Idaho 83703		
	and the name of the initial registered a	agent at the above ac	
3.	The mailing address for future correspondence is: P.O. Box 7453, Boise, Idaho 83707		
4.	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) 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	
	Kara Hill P.O. Box 7453, Boise, Idaho		se, Idaho 83707
6. Signature of at least one person responsible for forming the limited liability company:			e limited liability company:
	Signature: MMA HWO Typed Name: Kara Hill Capacity: Managing Member	Soloiganzator, p55	Secretary of State use only
	Signature Typed Name: Capacity:	omsill(IDAHO SECRETARY OF STATE 04/20/2005 05:00 CK: 278 CT: 188025 BH: 805744 1 0 100.00 = 100.00 ORGAN LLC #

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