

ARTICLES OF ORGANIZATION FILED/EFFECTION LIMITED LIABILITY COMPANY (application) AND 18

(Instructions on back of application)

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1.	The name of the limited liability compa	iny is:	STATE OF LAFONE
2.	The street address of the initial registered office is: 987 Skyline Drive, Twin Falls, ID 83301		
	and the name of the initial registered a Daniel H. Haymore	gent at the abo	ve address is:
3.	The mailing address for future correspondence is: 987 Skyline Drive, Twin Falls, ID 83301		
4.	Manager(s) or Member(s) (please check the appropriate box)		
5.			
	Name		Address
	Daniel H. Haymore	987 Skyline Drive, Twin Falls, ID 83301	
6.	Signature of at least one person responsible for forming the limited liability company:		
	Signature: Daniel H. Haymore	more so	Secretary of State use only
	Capacity: Member	ganızation	
		skartsofon	IDAHO SECRETARY OF STATE 01/09/2003 05:00
	Signature	WLLCform	CK: 5349 CT: 138316 BH: 655845 1 2 100.00 = 100.00 ORGAN LLC # 3
	Typed Name:		
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