

ARTICLES OF ORGANIZATION FILED FEET. ALL

(Instructions on back of application)

01 DEC 28 PM 2: 10

STATE OF IDAHO

1.	The name of the limited liability company	is: HeRon, L.L.C.
2.		office is: 5583 East Shoreline Drive and the name of the initial registered
	agent at the above address is: Hen:	ry Covelli
3.	The mailing address for future correspondence :	
	5583 East Shoreline Drive,	Post Falls, Idaho 83854
4.	Management of the limited liability company will be vested in:	
	Manager(s) or Member(s). (please c	heck 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 members, list the name(s) and address(es) of at least one initial member. Name Address	
	Henry Covelli	5583 Shoreline Drive, Post Falls, ID
	Rhonda Covelli	(same as above)
6. Signature of at least one person responsible for forming		e for forming the limited liability company:
	Signature And (arelli)	
	Typed Name Henry D. Covelli	Secretary of State use only
	Capacity <u>Member</u>	
	Signature	IDAHO SECRETARY OF STATE 12/28/2001 05:00
	Typed Name	CK: 7024 CT: 43788 BH: 437825 1 0 100.00 = 100.00 ORGAN LLC # 2
	Capacity	1 9 20.86 = 20.68 EXPEDITE C # 3