

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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				The State of the State of State of the State of			
1.	The name of the limited liability compa	any is:		STATE OF DALLO			
2	The street address of the initial register	ered office is:					
	1820 E. 17TH, STE. #230, IDAHO FALLS, ID 83404						
	and the name of the initial registered a	agent at the a	above addre	ess is:			
3.	The mailing address for future correspondence is:  1820 E. 17TH, STE. #230, IDAHO FALLS, ID 83404						
4.	Management of the limited liability company will be vested in:						
	Manager(s) v or Member(s)	(please chec	k the appropriate	box)			
5.	5. If management is to be vested in one or more manager(s), list the name(s) and address(es) or 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			
	BRUCE HAMPTON	TH, STE.	#230, IDAHO FALLS, ID				
		83404					
6.	Signature of at least one person reso	oonsible for fo	orming the l	imited liability company:			
	Signature 7 //// 6/12/1//	× -) _		Secretary of State use only			
	Typed Name: BRUCE HAMP JON		vization.p				
	Capacity: MANAGER	<u> </u>	tsolorgar				
	Signature		corpitoms/LLCforms/artsoforganization p65 Revised 07/2002	IDANO SECRETARY OF STATE			
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