ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application) 2006 FEB 21 Pil 1: 1:0

1.	The name of the limited liability comp	pany is:		SECRETON TO STATE STATE OF THEM	
2.	The street address of the initial registered office is: 3400 MERLIN DRIVE, SUITE B, IDAHO FALLS, ID 83404 and the name of the initial registered agent at the above address is: DIRK MOORE				
3.	The mailing address for future correspondence is: SAME				
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	
	DIRK MOORE PO BOX 322, TETON, ID 83451			N, ID 83451	
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6. Signature of at least one person responsible for forming the limited liability company:					
	Signature: DIRK MOORE		5941	Secretary of State use only	
	Capacity: MANAGER	anizatior			
	Signature		corpVerms/LLC forms lart soforganization p65 Revised 07/2002	IDAHO SECRETARY OF STATE 02/21/2006 05:00 CK: 47343772410 CT: 197202 BH: 938820 1 P 100.00 = 100.00 ORGAN LLC # 2	
	Capacity:		corptom: Revis	W47695	