

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

O6 NOV 15 PM 4: 32

1. The name of the limited liability com	pany is: STATE OF IDAHO
2. The street address of the initial regis	stered office is:
512 W Howe, Boise, Idaho 83706	
and the name of the initial registered agent at the above address is: Jennifer J Strong	
3. The mailing address for future correspondence is: 512 W Howe, Boise, Idaho 83706	
4. Management of the limited liability of	ompany 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
Jennifer J Strong	512 W Howe, Boise, Idaho 83706
6. Signature of at least one person responsible for forming the limited liability company: Signature: Secretary of State use only Typed Name: Partner MAWAYAY Signature Typed Name: Capacity: Typed	