FILED/EFFECTIVE



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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	(IIISTRUCTIONS ON DACK OF	applic	alion	ALCE STATE
1.	The name of the limited liability compan	y is: <u>l</u>	Nokomis, LLC	SECTION OF STATE STATE OF IDAHO
2.	The street address of the initial registered office is: 205 N. Tenth St., Suite 300			
	Boise, Idaho 83702			the name of the initial registered
	agent at the above address is: Alkire & C	ю., PL	LC	
3.	The mailing address for future correspond	lence :	4915 W. C	amas, Suite A, Boise, ID
4.	Management of the limited liability company will be vested in:			
	Manager(s) or Member(s). (please	check th	e 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			
	Samas, LLC	4915 W. Camas, Suite A, Boise, ID 83705		
				
	Signature of at least one person responsible for forming the limited liability company:			
	Signature / //////////			
	Typed Name Steven E. Alkire Capacity Attorney		ation.p65	Secretary of State use only
	•		oforganiz 2001	TRANS OPERFTANA OF STATE
	Signature Typed Name		C forms artsoforganization p65 Revised 01/2001	IDAHO SECRETARY OF STATE 03/15/2002 05:00 CK: 3160 CT: 128668 BH: 452428
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