

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

2005 AUG 25 AH 9: 07

FILED EFFECTIVE

(Instructions on back of application)

1.	The name of the limited liability comp	pany is: STATE OF STATE
2.	The street address of the initial regist	ered office is:
	and the name of the initial registered	
	1058 Lignite Rd. Sag.	E, Id.
3.	The mailing address for future corresp	-
	P.O. BOX 960 SAGLE, ID 83860	
4.	Management of the limited liability con	mpany will be vested in:
	Manager(s) or Member(s)	(please check the appropriate box)
5.	f 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 nember(s), list the name(s) and address(es) of at least one initial member.	
	Name	A.1.
	Name	Address
	VICKI KULCZYK	1058 LIGNITE RD. SAGLE, ID. 83860
	Signature of at least one person response	
5	Signature of at least one person responsion	nsible for forming the limited liability company:
3	Signature of at least one person response	nsible for forming the limited liability company:
\$ (\$	Signature of at least one person responsionature: Signature: VICKI KULCZYK	onsible for forming the limited liability company: Secretary of State use only IDAHO SECRETARY OF STATE

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