

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY 2003 JUL -2 AM 8: 44

FILED EFFECTIVE

(Instructions on back of application)

1.	The name of the limited liability comp	pany is:	STATE OF IDAHO
2.	The street address of the initial registered office is: 11160 Ramsey, Hayden, Idaho 83835		
	and the name of the initial registered	agent at the above add	dress is:
3.	The mailing address for future correspondence is: 1981 Fountain Drive, Post Falls, Idaho 83854P		
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) 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
	Julie A. Roche	1981 Fountain Drive	, Post Falls, Idaho 83854
	Signature of at least one person responsion	onsible for forming the I	
(Typed Name <u>Julie A. Roche</u> Capacity: <u>Member</u> Signature	Skartsoforganization.pf	Secretary of State use only IDAHO SECRETARY OF STATE 97/92/2093 95:99

W 24938