

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

07 AUG 30 AM 9: 13

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1.	The name of the limited liability co	mpany is:		SECRETARY OF S STATE OF IDAL	
	DTM LLC				, ·
2.	The street address of the initial reg	gistered office is:			
	1305 S. Johnson	Boise 10	83	705	
	and the name of the initial register	ed agent at the abo	ove addres	ss is:	
	Donna B. Fox				
3.	The mailing address for future cor	respondence is:			
	1305 S. Johnson	Boise	10 8	3705	<u></u>
4.	Management of the limited liability			·	
	Manager(s)	(please check the	ne appropriate i	box)	
ວ.	If management is to be vested in address(es) of at least one initial member(s), list the name(s) and	manader, it manac	36111611112 r	O De Aesica III aiu)
	Name			Address	
	Name				83765
	Name				83705
					83765 "
	Name				<u>8376</u> 5 "
	Name				83705
	Name				83765
	Ponna B. Fox Timothy J. Fox	1305 S.J.	shne on	Boise 10	
6	Name Ponna B. Fox Timothy J. Fox Signature of at least one person	1305 S.J.	ming the li	Misse 10	npany:
6	Name Ponna B. Fox Timothy J. Fox Signature of at least one person Signature: Downa B.	1305 S.J.	ming the li	Boise 10	npany:
6	Name Ponna B. Fox Timothy J. Fox Signature of at least one person	1305 S.J.	ming the li	Misse 10	npany:
6	Name Ponna B. Fox Timothy J. Fox Timothy J. Fox Signature of at least one person Signature: Downa B. Typed Name: Downa B. Capacity: Member	1305 S.J.	ming the li	mited liability con	npany:
6	Name Ponna B. Fox Timathy J. Fox Signature of at least one person Signature: Downa B. Typed Name: Downa B. Capacity: Member Signature	responsible for for	ming the li	mited liability con	npany:
6	Name Ponna B. Fox Timathy J. Fox Signature of at least one person Signature: Downa B. Typed Name: Downa B. Capacity: Member Signature	responsible for for	shne on	mited liability con	TARY OF STATE 307 05 123 8H: 1673 16.60 ORGAN LLC