## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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1.	The name of the limited liability company is	STATE OF MAR - 1 AH 8: 46
••		STATERY OF
_		. 601 West 19th Street
2.	The address of the initial registered office is	(not a PO Box)
	Idaho Falls, ID 83402	and the name of the initial registered
	agent at that address is: Ross J. Jones	
	Signature of registered agent :	
3.	The latest date certain on which the limited	liability company will dissolve: February 1, 2051
4.	Is management of the limited liability company vested in a manager or managers?  X Yes No (check appropriate box)	
5.	management is vested in one or more manager(s), list the name(s) and address(es) of at st one initial manager. If management is vested in the members, list the name(s) and dress(es) of at least one initial member.  Name:  Address:	
	Ross J. Jones	601 West 19th Street, Idaho Falls, ID
	nuss o. Jolles	83402
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6	Signature of at least one person listed in #5	above:
6.	Signature of at least one person listed in #5	above.
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		IDANG SECRETORS AND SIGNE  93/01/2001 09:00
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