	FILE
ARTICLES OF OF LIMITED LIABILITY (Instructions on back	TY COMPANY
The name of the limited liability com	npany is: SECRETARY OF STATE STATE OF IDAGO
The street address of the initial regis	
and the name of the initial registered	d agent at the above address is:
. The mailing address for future corres	
. Management of the limited liability of Manager(s) or Member(s)	
address(es) of at least one initial ma	e or more manager(s), list the name(s) and anager. If management is to be vested in the dress(es) of at least one initial member.
Name	Address
Elizabeth S. Gilman	P. O. Box 3005, Ketchum, ID 83340
. Signature of at least one person res	ponsible for forming the limited liability company:
Signature:	Secretary of State use only
Typed Name Elizabeth S. Gilman	Secretary of State use only
Signature: Elizabeth S. Gilman Capacity: Member	Secretary of State use only IDAHO SECRETARY OF STATE ##################################

W6043+