

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application) ?[[0] JUL -2 AH 9: 17

445 North Capital, Suite #6 Idaho Falls, Idaho 83402 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) of 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		
2. The street address of the initial registered office is: 445 North Capital, Suite #6 Idaho Falls, Idaho 83402 and the name of the initial registered agent at the above address is: Mary E. Job 3. The mailing address for future correspondence is: 445 North Capital, Suite #6 Idaho Falls, Idaho 83402 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) of 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	 The name of the limited liability co 	ompany is:
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