

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2005 APR 25 ACT 10: 03

1.	The name of the limited liability compa	iny is:	STATE OF TOTAL
2.	The street address of the initial registered office is: 216 South Main Street Victor, ID. 83455		
	and the name of the initial registered a	gent at the above add	ress is:
3.	The mailing address for future correspondence is: P.O.Box 83 Victor, ID. 83455		
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		Address
	Marlon R. Weeks	PO Box 83 Victor, ID. 83455	
	Connie L. Weeks	PO Box 83 Victor, I	ID. 83455
	Signature of at least one person responsionature: <u>Marlon R. Wied</u> Typed Name: <u>Marlon R. Weeks</u> Capacity: Owner	Ra	imited liability company: Secretary of State use only
	Signature Conci d. Weeks Typed Name: Connie L. Weeks Capacity: Owner	g.vcorp/forms/LLC.Comms/artsu/forganization_p65 Rovaco 37/2002	IDAHO SECRETARY OF STATE 04/25/2005 05:00 CK: 10861 CT: 188122 BH: 896373 1 0 100.00 = 100.00 ORGAN LLC # 1 0 20.00 = 20.00 EXPEDITE C #

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