

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

3 JAN 10 PH 4: 06

1.	The name of the limited liability compa	any is:	SECALITY OF STATE STATE OF IDAHO
2.	The street address of the initial register 885 S. Silver Bow Ave Eagle Idah		
	and the name of the initial registered a	agent at the above addr	ess is:
3.	The mailing address for future correspondence is:  885 S. Silver Bow Ave Eagle Idaho, 83616		
4.	Management of the limited liability company will be vested in:		
	Manager(s) or Member(s) (please check the appropriate box)		
5.	f 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 nember(s), list the name(s) and address(es) of at least one initial member.		
	Name Address		
	Charlene Brunett	885 S. Silver Bow Ave	e Eagle Idaho, 83616
6.	Signature of at least one person responsible for forming the limited liability company:		
	Signature: June Quine Qu		Secretary of State use only
	Typed Name: Kim Brunett		فيسد
	Capacity: Owner/Operater	orpforme\LCforms\endstandingenization.p65 Revised 07/2002	W35825
	Signature	forms/a	
	Typed Name:	Pomei LL Commi	IDAHO SECRETARY OF STATE 01/11/2005 05:0
	Capacity:	Sorphor.	CK: 5715 CT: 185183 BH: 7865 1 8 190.90 = 180.00 ORGAN LLC