

ARTICLES OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2006 NOY -3 AM 9: 01

E &	(Instructions on back	(of application)
1.	The name of the limited liability componeriler, LLC	SECRETARY OF STATE pany is: STATE OF IDAHO
2.	The street address of the initial regis	tered office is:
	1661 W. Shoreline Drive, Suite 20	0, Boise, ID 83702
	and the name of the initial registered	agent at the above address is:
	William B. Knipe III	
3.	The mailing address for future corres	pondence is:
	1661 W. Shoreline Drive, Suite 200	0, Boise ID 83702
4.	Management of the limited liability co	mpany will be vested in:
	Manager(s) ☐ or Member(s) ✓	(please check the appropriate box)
5.	address(es) of at least one initial mar	or more manager(s), list the name(s) and nager. If management is to be vested in the ress(es) of at least one initial member.
	Name	Address
	William B. Knipe III	1661 W. Shoreline Drive, Suite 200, Boise ID
	Signature of at least one person resp	onsible for forming the limited liability company:
7	yped Name: William B. Knipe Capacity: Member	Secretary of State use only
	Signature	IDAHO SECRETARY OF STATE 11/03/2006 05:00
	yped Name:	CK: 1638 CT: 175957 BH: 100630
(Capacity:	K

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