

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

02 SEP | | PM 1:44

1.	The name of the limited liability comp	any is:		STATE OF IDAHO
2.	The street address of the initial registered office is: 6217 S. Survival Pl., Boise, ID 83716			
	and the name of the initial registered a	agent at the	above a	ddress is:
3.	The mailing address for future correspondence is: 6217 S. Survival Pl., Boise, ID 83716			
4.	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) or 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	Name Address		
	Lisa D. Wolfe	6217 S. Survival Pl., Boise, ID 83716		
	Signature of at least one person responsible for forming the limited liability company:			
	Signature: Lisa D. Wolfe		28 6	Secretary of State use only
	Capacity: Member		anization	
	oupuoity.		corpiforms/LCforms/artsoforganization,p65 Revised 07/2002	
	Signature		Cformste 07/2002	•••••
	Typed Name:		forms/LLC forms/ Revised 07/2002	IDAHO SECRETARY OF STATE 99/11/2002 05:00
	Capacity:		(corp)	CK: 4924 CT: 163429 BH: 48768 1 0 100.00 = 100.00 ORGAN LLC (

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