

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILE	5 ~
2007 FEB 12	EFFECTIVE
SECON	"11 9: 32 "VE

1.	The name of the limited liability comp	UIAIF OF TOURIE
2.	The street address of the initial regist 506 W. Alder, Suite 200, Sandpoin	ered office is:
	and the name of the initial registered  Dan S. Jacobson	agent at the above address is:
3.	The mailing address for future corresponding P.O. Box 905, Sandpoint, ID 8386	
4.	Management of the limited liability co	mpany will be vested in:
	Manager(s) or Member(s)	
5.	i. 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
	Dan S. Jacobson	P.O. Box 905, Sandpoint, ID 83864
6.	Signature of at least one person resp	oneible for forming the limited liability company:
	Signature:	Secretary of State use only
	Typed Name: Dan S. Jacobson  Capacity: Manager	IDAHO SECRETARY OF STATE
	Signature	IDAHO SECRETARY OF STATE
	Typed Name:	IDAHO SECRETARY OF STATE  ### ### ### ########################
	Capacity:	1 0 20.00 = 20.00 EXPEDITE C #