

Capacity: MEMBER

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

07 JUN 28 AM 9: 04

1. 1	The name of the limited liability compa	any is:	SECRETARY OF STATE STATE OF IDAHO
2.	The street address of the initial registered office is: 2503 LAURIE LANE, TWIN FALLS ID 83301		
r	and the name of the initial registered a	agent at the above add	
3.	The mailing address for future correspondence is: 2503 LAURIE LANE, TWIN FALLS ID 83301		
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
	WILLIAM B. LEWIS	2503 LAURIE LN, TV	WIN FALLS ID 83301
	SUSIE L. LEWIS	2503 LAURIE LN, T	WIN FALLS ID 83301
	Signature of at least one person response	ensible for forming the	
	Signature WILLIAM B. LEWIS Capacity: MEMBER Signature	Service Service of Comparization (1965) (1965) (1965) (1966) (196	IDAHO SECRETARY OF STATE OS/28/2007 05:00 CK: 6016 CT: 214867 BH: 1062728 1 0 100.00 = 100.00 ORGAN LLC 1
	Signature SUSIE L. LEWIS	Metric Journal Market Office Annual Market Office A	CK: 6016 CT: 2144

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