

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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1.	The name of the limited liability comp	any is:		DAFOAE
	Centralized Corporation Manageme	ent, L.L.C.		
2.	The street address of the initial registered office is:			
	1581 E. Edmondton Ave., Post Fall	ls, ID 83854		
	and the name of the initial registered	agent at the ab	ove addres	s is:
3.	The mailing address for future correspondence is:			
	1581 E. Edmondton Ave., Post Falls, ID 83854			
4.	Management of the limited liability company will be vested in:			
	Manager(s) or Member(s) (please check the appropriate box)			
	If 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 member(s), list the name(s) and address(es) of at least one initial member.			
5.	address(es) or at least one initial mar	nager. If manag	gement is to east one initia	be vested in the all member.
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6.	address(es) or at least one initial mar member(s), list the name(s) and address Name  Pam Webb	nager. If manageress(es) of at le	nondton Ave	al member.  ddress  e., Post Falls, ID 83854
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6.	address(es) or at least one initial mar member(s), list the name(s) and address (es) and address (es). Name  Pam Webb  Signature of at least one person resp Signature:  Typed Name: Pam Webb  Capacity:	nager. If manageress(es) of at le	nondton Ave	al member.  ddress e., Post Falls, ID 83854  ted liability company:
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