

Capacity: \_

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2007 HAY 16 AM 8: 52

1.	The name of the limited liability comp	SECRETARY OF STATE  STATE OF IDAHO
2.	The street address of the initial regist 490 Memorial Drive, Idaho Falls, Id	
	and the name of the initial registered Steven R. Parry	agent at the above address is:
3.	The mailing address for future corresponding P.O. Box 51630, Idaho Falls, Idaho	
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
	Name Steven R. Parry	Address 490 Memorial Drive, P.O. Box 51630
		490 Memorial Drive, P.O. Box 51630
		490 Memorial Drive, P.O. Box 51630
6.	Signature of at least one person resp	490 Memorial Drive, P.O. Box 51630  Idaho Falls, ID 83405-1630  onsible for forming the limited liability company:
6.	Signature of at least one person sesp	daho Falls, ID 83405-1630  Idaho Falls, ID 83405-1630  Onsible for forming the limited liability company:  Secretary of State use only
6.	Signature of at least one person resp	490 Memorial Drive, P.O. Box 51630  Idaho Falls, ID 83405-1630  onsible for forming the limited liability company: