

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1.	The name of the limited liability comp	any is:		
2.	The street address of the initial registe	ered office is:		
	25614 Goodson Rd. Parma, I	daho 83660	<u>_</u>	
	and the name of the initial registered a	agent at the above addr	ess is:	
3.	The mailing address for future corresp	ondence is:		
	25614 Goodson Rd. Parma, Ida	aho 83660		
4.	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	
	Kelly R. Harmon	25614 Goodson Rd.	Parma, Idaho 83660	
	Signature of at least one person responses		nited liability company:	
	Signature: Kelly R. Harmon	***	Secretary of State use only	
	Capacity: Manager	Corputormst. L.C. formstartsdrorganization, p65 Hevised 0772002		
	Signature	C formsta		
	Typed Name:	Ormsul LC forms	IDAHO SECRETARY OF STATE 97/25/2005 95:00	
	Capacity:	nd co. l. fi	CK: 6608 CT: 190787 BH: 823087 1 0 100.00 = 100.00 ORGAN LLC H 1 0 20.00 = 20.00 EXPEDITE C H	