

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

06 OCT -6 PM 4: 16

1.	The name of the limited liability comp	eany is:		SECRETARY OF STATE STATE OF IDAHO
2.	The street address of the initial registered office is: 514 S. WASHINGTON AVENUE, EMMETT ID 83617			
	and the name of the initial registered agent at the above address is: JENNIFER ANN STEVENSON			
3.	The mailing address for future correspondence is: 514 S. WASHINGTON AVENUE, EMMETT ID 83617			
4.	Management of the limited liability company will be vested in:			
	Manager(s) or Member(s) (please check the appropriate box)			
5.	f 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	
	JENNIFER ANN STEVENSON	514 S. WA	SHINGTO	N AVENUE
		EMMETT,	ID 83617	
		<u></u>		
6.	Signature of at least one person responsible for forming the limited liability company:			
	Signature:	ENSON	28 d	Secretary of State use only
	Typed Name: JENNIFER ANN STEVENSON Capacity: MEMBER			
	Signature from Joy Typed Name: Capacity:	<u>u</u>	Piforms/LLCforms/artaclo Revised 07/2002	IDAHO SECRETARY OF STATE 10/06/2006 05:00 CK: 1166 CT: 285221 BH: 979113 1 0 100.00 = 100.00 ORGAN LLC # 2
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