## FILED EFFECTIVE



## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2005 MAY -2 AN 9: 35

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1. The name of the limited liability company is:	STATE OF WARD
S. P. VI , L.L.C.	
2. The street address of the initial registered off	ice is:
12633 N. Shamrock Street Hayden, Ida	
and the name of the initial registered agent a	t the above address is:
Doris M. Sadler	
	cois.
3. The mailing address for future correspondent same as above	oe is.
4. Management of the limited liability company	·
Manager(s) X or Member(s) (plea	se check the appropriate box)
	e manager(s), list the name(s) and
<ol> <li>If management is to be vested in one or more address(es) of at least one initial manager. It member(s), list the name(s) and address(es</li> </ol>	of at least one initial member.
address(es) of at least one initial manager. If member(s), list the name(s) and address(es	of at least one initial member.  Address
address(es) of at least one initial manager. If member(s), list the name(s) and address(es  Name  Doris M. Sadler 12	of at least one initial member.  Address  633 N. Shamrock Street
address(es) of at least one initial manager. If member(s), list the name(s) and address(es  Name  Doris M. Sadler 12	of at least one initial member.  Address
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address(es) of at least one initial manager. If member(s), list the name(s) and address(es  Name  Doris M. Sadler 12	of at least one initial member.  Address  633 N. Shamrock Street  yden, Idaho 93835
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address(es) of at least one initial manager. It member(s), list the name(s) and address(es  Name  Doris M. Sadler  Har  6. Signature of at least one person responsible	e for forming the limited liability company:
address(es) of at least one initial manager. If member(s), list the name(s) and address(es    Name	e for forming the limited liability company:
address(es) of at least one initial manager. It member(s), list the name(s) and address(es  Name  Doris M. Sadler  Hay  6. Signature of at least one person responsible Signature:	e for forming the limited liability company:
address(es) of at least one initial manager. If member(s), list the name(s) and address(es    Name	e for forming the limited liability company:
address(es) of at least one initial manager. It member(s), list the name(s) and address(es    Name	e for forming the limited liability company:
address(es) of at least one initial manager. If member(s), list the name(s) and address(es  Name  Doris M. Sadler  Hay  6. Signature of at least one person responsible Signature:  Typed Name:  Doris M. Sadler  Managing Member  Managing Member	e for forming the limited liability company:  Secretary of State use only  IDAHO SECRETARY OF STATE  25/02/2005 05:00  CK: 2728 CT: 184274 BH: 887831