

2004 SEP 29 AM 9:28
CLERK OF DISTRICT COURT
STATE OF IDAHO



1. The name of the limited liability company is:

2. The street address of the initial registered office is:

and the name of the initial registered agent at the above address is:

3. The mailing address for future correspondence is:

4. Management of the limited liability company will be vested in:

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.

Address

506 E. Seltice Way, Ste.C, Post Falls, ID 83854

6. Signature of at least one person responsible for forming the limited liability company:

Secretary of State use only

Capacity: Secretary/Treasurer

Typed Name: _____

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IDAHO SECRETARY OF STATE
09/29/2004 05:00
CK: 2731 CT: 176556 BH: 768476
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

w) 33539