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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

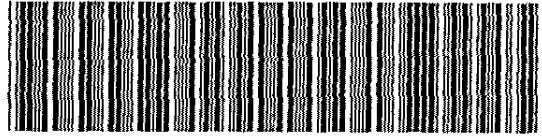
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 JUL 19 P 2:08

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NJN Idaho, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nitin Motwani
(Name of Person)

NJN Idaho, LLC
(Firm/Company)

PO Box 11237
(Address)

Ft. Lauderdale, FL 33339
(City/State and Zip Code)

For further information concerning this matter, please call:

Nitin Motwani at (347) 528-7467
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Cover Letter

Nitin Motwani

Street Address:
529 N. Ft. Lauderdale Beach Blvd.
Ft. Lauderdale, FL 33304

Mailing Address:
PO Box 11237
Ft. Lauderdale, FL 33339

Daytime Phone (347) 528-7467
July 14, 2004

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

NJN Idaho, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

PO Box 11237

Ft. Lauderdale, FL 33339

Mailing Address:

PO Box 11237

Ft. Lauderdale, FL 33339

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Nitin Motwani

Name

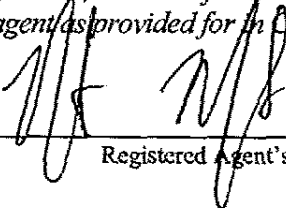
529 N. Ft. Lauderdale Beach Blvd.

Florida street address (P.O. Box **NOT** acceptable)

Ft. Lauderdale, FLORIDA 33304

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGMR

Nitin Motwani

PO Box 11237

Ft. Lauderdale, FL 33339

MGMR

Neils Cotter

5506 Old Brandt Trace

Greensboro, NC 27455

MGMR

John Cotter

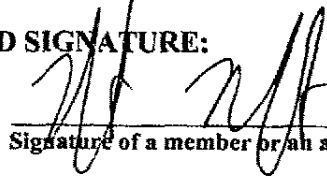
5506 Old Brandt Trace

Greensboro, NC 27455

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Nitin Motwani

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA
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