

ARTICLES OF ORGANIZATION FILED/EFFECTIVE

(Instructions on back of application) 24 100 1: 56

| 1. | The name of the limited liability company is | s: Vi | ıtage | Point ALC MAO |
|----|---|-----------|-----------------------|---|
| 2. | The address of the initial registered office is Twin Falls, Idaho 83301 agent at that address is: Laurie Palusak | | 52 A c | dison Avenue East and the name of the initial registered |
| | Signature of registered agent : | | rlı | sol |
| 3. | Is management of the limited liability compa X Yes | | | n a manager or managers? ppropriate box) |
| 4. | If management is vested in one or more maleast one initial manager. If management is address(es) of at least one initial member. Name: Laurie Palusak | veste | d in th | t the name(s) and address(es) of at e members, list the name(s) and Address: Son Avenue East |
| | | Twin | Fall | s, Idaho 83301 |
| | | | | |
| 5. | Signature of at least one person listed in #4 | above | • | |
| | | | .C1.p85 Revised 10/38 | Secretary of State use only IDAHO SECRETARY OF STATE 16/24/2002 05:00 CK: 6166 CT: 31443 BH: 642433 1 0 100.00 = 100.00 ORGAN LLC # 2 |

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