ARTICLES OF ORGANIZATION MITED LIABILITY COMPANY

Tinstructions on back of application) 1. The name of the limited liability company is: LomBARDI Corus TRUCTION Liability Company 2. The address of the initial registered office is: 1354 5. WILLOWWood (not a PO Bax) FAGLE, IDAho 83616 - and the name of the initial registered agent at that address is: __ Signature of registered agent: 3. Is management of the limited liability company vested in a manager or managers? ☑ Yes No (check appropriate from) 4. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one initial member. Name: Address: M. LOMBARNI 1354 S. Willowland les Stephanie A. Lombandi 1354 5. Willauldan 5. Signature of at least one person listed in #4 above: I I I A COMPANY OF THE POST OF IDAHO SECRETARY OF STATE 05/12/1998 09+88 CK: 1075 CT: 96581 BH: 189818

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05/12/1998 09:00 CX: 1075 CT: 98581 BH: 109616

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