

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

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U.E	(Instructions on back	
1.	The name of the limited liability comp	pany is: SECRETARY OF STATE STATE OF IDAHO
	Sharma Technology Capital, LLC	On the Other Hotel
2.	The street address of the initial registor	ered office is:
	3210 East Chinden Boulevard, Suite 115, Box 524, Eagle, Idaho 83616	
	and the name of the initial registered	
	Amit Sharma, M.D.	
3.	The mailing address for future corresp	nondence is:
J.		te 115, Box 524, Eagle, Idaho 83616
4.	Management of the limited liability cor	mpany will be vested in:
	Manager(s) or Member(s)	(please check the appropriate box)
54	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.	
5.	address(es) of at least one initial man	•
J.	address(es) of at least one initial man	•
IJ.	address(es) of at least one initial man member(s), list the name(s) and address	ress(es) of at least one initial member.
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	address(es) of at least one initial man member(s), list the name(s) and address. Name Amit Sharma, M.D.	Address 3210 East Chinden Boulevard, Suite 115, Box 524, Eagle, Idaho 83616
	address(es) of at least one initial man member(s), list the name(s) and address (es) and address (es). Name Amit Sharma, M.D. Signature of at least one person response.	Address 3210 East Chinden Boulevard, Suite 115, Box 524, Eagle, Idaho 83616 consible for forming the limited liability company:
	address(es) of at least one initial man member(s), list the name(s) and address (es) first the name(s) f	Address 3210 East Chinden Boulevard, Suite 115, Box 524, Eagle, Idaho 83616
6.	address(es) of at least one initial man member(s), list the name(s) and address (es) and address (es). Name Amit Sharma, M.D. Signature of at least one person response.	Address 3210 East Chinden Boulevard, Suite 115, Box 524, Eagle, Idaho 83616 consible for forming the limited liability company:
6.	address(es) of at least one initial man member(s), list the name(s) and address Amit Sharma, M.D. Signature of at least one person responsible to the signature: Typed Name: Amit Sharma, M.D.	Address 3210 East Chinden Boulevard, Suite 115, Box 524, Eagle, Idaho 83616 consible for forming the limited liability company: Secretary of State use only WWSTR
6.	address(es) of at least one initial man member(s), list the name(s) and address Amit Sharma, M.D. Signature of at least one person responsible to the signature: Typed Name: Amit Sharma, M.D. Capacity: Manager Signature	Address 3210 East Chinden Boulevard, Suite 115, Box 524, Eagle, Idaho 83616 consible for forming the limited liability company: Secretary of State use only 1DAHO SECRETARY OF STATE
6.	address(es) of at least one initial man member(s), list the name(s) and address Amit Sharma, M.D. Signature of at least one person responsitional street and street	Address 3210 East Chinden Boulevard, Suite 115, Box 524, Eagle, Idaho 83616 consible for forming the limited liability company: Secretary of State use only 1DAHO SECRETARY OF STATE 28/08/2807 25:20