CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

TIMARII PM 4:43

STATE OF IDAHO

The name of the limited liabilit	ly company is:	STATE OF IDAHO	
	Dixon Capital, LLC	*	
The complete street and mailin	ng addresses of the in	nitial designated/principal office:	
(Street Address)			
(Mailing Address, if different than street add	iress)		
The name and complete stree	t address of the regis	tered agent:	
Douglass Dixon	1113 Balsam, B	1113 Balsam, Boise, Idaho 83706	
(Name)	(Street Address)		
. The name and address of at le company:	east one member or r	manager of the limited liability	
<u>Name</u> Douglass Dixon	1113 Balcam B	1113 Balsam, Boise, Idaho 83706	
Douglass Dixon			
			
		<u></u>	
5. Mailing address for future corr	espondence (annual	report notices):	
1113 Balsam, Boise, Idaho 83706	copolicones (annue.	. open menere,	
1110 Datouri, Dotto, Italia de la		· · · · · · · · · · · · · · · · · · ·	
6. Future effective date of filing (optional):		
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ignature of a manager, memb	er or authorized		
erson.	_	Secretary of State use only	
O(100)		Secretary or State use only	
ignature / langless Divon Mone	200		
yped Name: Douglass Dixon, Mana	Acı		
ignature <u>Michill by</u>	or_	IDAHO SECRETARY OF STATE 93/11/2011 95: CK: 7510 CT: 88795 BH: 126	
voed Name: Michelle Dixon, Manag	jer	1 @ 100.00 = 100.00 CRGAN LL(