

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED/EFFECTIVE

(Instructions on back of application)

7002 JUL 15 AM 9: 27

| 1. | The name of the limited liability comp   | any is:                         | STATE IDAHO  |
|----|--|---------------------------------|--|
| 2. | The street address of the initial registered office is: 490 Memorial Drive, Suite 200, Idaho Falls, Idaho 83405  |                                 |  |
|    | and the name of the initial registered agent at the above address is:  Douglas R. Nelson   |                                 |  |
| 3. | The mailing address for future correspondence is:  2751 Glenwood Drive, Idaho Falls, Idaho 83404   |                                 |  |
| 4. | Management of the limited liability company will be vested in:   |                                 |  |
|    | Manager(s) v or Member(s) (please check the appropriate box)   |                                 |  |
| 5. | f management is to be vested in one or more manager(s), list the name(s) and address(es) or 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. |                                 |  |
|    | Name   |                                 | Address  |
|    | Douglas R. Nelson  | 2751 Glenwood Driv              | ve, Idaho Falls, Idaho 8340  |
| 6. | Signature of at least one person responsion for the signature:  Typed Name: Douglas R. Nelson Capacity: Manager  Signature  Typed Name:  | LC forms/artsoforganization.p65 | Imited liability company:  Secretary of State use only  IDAHO SECRETARY OF STATE  27/15/2022 95:20  CX: 35191 CT: 2634 BH: 47786 1 9 199.96 = 199.98 ORGAN LLC |
|    | Capacity:  | - Complied R                    | _  |

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