

## ARTICLES OF ORGANIZATIONLED EFFECTIVE LIMITED LIABILITY COMPANY2008 HAY -1 AM 9: 58

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

| (Instructions on bac  | STATE OF IDAHO  |
|---|---|
| . The name of the limited liability of  | ompany is:  |
| ecoSense Living, LLC.   |   |
| Time the statement of the initial re  | gistered office is:   |
| 8201 N. Ainsworth Dr. Hayden,   |   |
|   | ered agent at the above address is:   |
| and the name of the initial register  | cent II C.  |
| All Day \$49 Idaho Registered A   | ·   |
| 3. The mailing address for future co  | prespondence is.  |
| 950 West Bannock Street, Suite  | 9 1100 Boise, Idano 03702   |
| 4. The limited liability company will   | be:   |
| Manager-managed  or Men   | nber-managed (please check the appropriate box)   |
| 5. If manager-managed, list the na<br>If member-managed, list the nar<br>Name | me(s) and address(es) of at least one initial manager<br>me(s) and address(es) of at least one initial member.  Address |
| Nancy Fletcher  | 950 West Bannock Street Suite 1100  |
|   | Boise, ID 83702   |
| Sheri L. Gavin  | 950 West Bannock Street Suite 1100  |
|   | Boise, ID 83702   |
|   |   |
|   |   |
|   |   |
| 6. Signature of at least one person   | on responsible for forming the limited liability company  |
| Signature:  | Secretary of State use only   |
| Typed Name: Dan Keen  | 47391   |
| Capacity: organizer   |   |
|   | I IDAHO SECRETARY OF S  |
|   | M5/01/2008 0  |
| Signature Typed Name:   | ## ## ## ## ## ## ## ## ## ## ## ## ##  |