

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

| | (Instructions on bac | k of application) | Pii 12: 46 |
|----|--|---------------------------|--|
| 1. | The name of the limited liability com | npany is: | |
| 2. | The street address of the initial regis | | |
| | and the name of the initial registered KEVIN BETTIS | d agent at the above addr | ess is: |
| 3. | The mailing address for future correspondence is: 19962 W RIVERVIEW DR, POST FALLS, ID 83854 | | |
| 4. | Management of the limited liability company will be vested in: Manager(s) | | |
| 5. | If management is to be vested in one address(es) of at least one initial mamember(s), list the name(s) and add | anager. If management is | to be vested in the |
| | Name | | Address |
| | KEVIN BETTIS | 19962 W RIVERVIEV | V DR, POST FALLS, ID |
| | ROBIN BETTIS | 19962 W RIVERVIEV | V DR, POST FALLS, ID |
| | Signature of at least one person res Signature: | ansoforgarizaton p55 | mited liability company: Secretary of State use only WYS 810 IDAHO SECRETARY OF STATE |
| | Signature Typed Name: | oms/LLC forms | 12/27/2005 05: CK: 13518 CT: 174595 BH: 92 |
| | Capacity: | Sorpher Re | 1 e 100.00 = 100.00 ORGAN L |