



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 FEB 13 AM 8:42

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

PALOUSE OCULARIUM LLC

2. The complete street and mailing addresses of the initial designated/principal office:

202 E 7th ST, MOSCOW ID 83843-3002
(Street Address)

SAME
(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

DIANNE FRENCH
(Name)

202 E 7th ST, MOSCOW ID 83843
(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

WILLIAM R. FRENCH 202 E 7th ST, MOSCOW ID 83843

DIANNE L. FRENCH 202 E 7th ST, MOSCOW ID 83843

5. Mailing address for future correspondence (annual report notices):

PALOUSE OCULARIUM, LLC, 202 E 7th ST, MOSCOW, ID 83843

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature William R. French

Typed Name: WILLIAM R. FRENCH

Signature Dianne L. French

Typed Name: DIANNE L. FRENCH

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
02/13/2009 05:00
CK: 4637 CT: 234002 BH: 1156066
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FILED EFFECTIVE