CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 APR - I AM 8: 4

(Instructions on back of application)

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|------|--|-----------------|--------------------------|--------------------------------------|
| 1. | The name of the limited liability company is: | | | SECRETARY OF STATE STATE OF IDAHO |
| 2. | The complete street and mailing ac 824 Fillmore St, Caldwell, ID 83605 | Idresses of the | ne initial designated o | office: |
| | (Street Address) | | | |
| | (Mailing Address, if different than street address) | | | |
| 3. | The name and complete street address of the registered agent: | | | |
| | David J Peterson | 824 Fillmore | e St, Caldwell, ID 83605 | |
| | (Name) | (Street Addres | s) | |
| 4. | The name and address of at least one member or manager of the limited liability company: | | | |
| | <u>Name</u> | Address | | |
| | David J Peterson | 824 Fillmore | e St, Caldwell, ID 83605 | |
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| 5. | Mailing address for future correspondent | ndence (ann | ual report notices): | |
| | 824 Fillmore St, Caldwell, ID 83605 | | | · · |
| 6. | Future effective date of filing (option | nal): | | |
| | | | | |
| _ | nature of a manager, member or | authorized | | |
| pers | son. | | Secretary of | f State use only |
| Sigr | nature and Peter | 15h | | |
| Тур | ed Name: David J Peterson | | | |
| | | | *** | OAHO SECRETARY OF STATE |
| _ | nature | | 94/ CV. 115 | |
| Тур | ed Name: | | 1 9 100. | DI LICOTO COCCUITO N |

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