

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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|      | (                                                                                           | ۳           | •••                                             | OF OF W                                              |  |
|------|---------------------------------------------------------------------------------------------|-------------|-------------------------------------------------|------------------------------------------------------|--|
| 1.   | The name of the limited liability company i                                                 | <b>\$</b> : |                                                 | SECRETARY OF STATE<br>STATE OF IDAHO                 |  |
|      | ESTec                                                                                       | , LLC       |                                                 |                                                      |  |
| 2.   | The complete street and mailing addresses                                                   | of th       | e initia                                        | l designated/principal office:                       |  |
|      | 2147 S Riverbirch F                                                                         | , Eag       | jle, ID 8                                       | 3616                                                 |  |
|      | (Street Address) PO Box 2048, E                                                             | agle,       | ID 8361                                         | 6                                                    |  |
|      | (Mailing Address, if different than street address)                                         |             |                                                 |                                                      |  |
| 3.   | The name and complete street address of the                                                 | he re       | gistere                                         | d agent:                                             |  |
|      | Carolyn Harrison                                                                            | 214         | 7 S Rive                                        | erbirch PI, Eagle, ID 83616                          |  |
|      | (Name) (Street A                                                                            | ddress      | 1)                                              |                                                      |  |
| 4.   | The name and address of at least one mem company:                                           | per o       | or man                                          | · -                                                  |  |
|      | Timothy Tower                                                                               |             | Address<br>PO Box 2048, Eagle, ID 83616         |                                                      |  |
|      |                                                                                             |             | ,                                               |                                                      |  |
|      |                                                                                             |             |                                                 |                                                      |  |
|      |                                                                                             |             |                                                 |                                                      |  |
|      |                                                                                             |             |                                                 |                                                      |  |
|      |                                                                                             |             |                                                 |                                                      |  |
| 5.   | Mailing address for future correspondence ( PO Box 2048, E                                  | 1           | •                                               | · · · · · · · · · · · · · · · · · · ·                |  |
| 6.   | Future effective date of filing (optional):                                                 |             |                                                 |                                                      |  |
|      | nature of organizer(s). (An organizer is a member,<br>ng in behalf of a member or members). | or is       |                                                 |                                                      |  |
| Siar | nature                                                                                      |             | c.PMD                                           | Secretary of State use only                          |  |
| •    | ed Name: Timothy Tower                                                                      | <u> </u>    | الأصلا                                          |                                                      |  |
| Sigr | nature                                                                                      |             | Womst.LC famsteat_org_Kc.PMD<br>Revised 07/2008 | IDAHO SECRETARY OF STATE                             |  |
| Тур  | ed Name:                                                                                    |             | Norms'<br>Revise.                               | 12/19/2008 05:00<br>CK: 189788 CT: 172899 BH: 114885 |  |