

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 SEP -6 AM 9: 40

| 1. | The name of the limited liability com | pany is: S | ECT OF STATE |
|---|---|-----------------------|--|
| | R | obert Dow, LLC | STATE OF IDAHO |
| 2. | The complete street and mailing addresses of the initial designated/principal office: 1272 HooDoo Loop Road Oldtown, ID 83822 | | |
| | (Street Address) | | |
| | (Mailing Address, if different than street address) | | |
| 3. 1 | The name and complete street address of the registered agent: | | |
| | Robert Dow | 1272 HooDoo Loop Road | Oldtown, ID 83822 |
| | (Name) | (Street Address) | |
| The name and address of at least one member or manager of the limited liabil company: | | | of the limited liability |
| | Name | - | <u>idress</u> |
| | Robert Dow | 1272 HooDoo Loop Road | Oldtown, ID 83822 |
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| 5. 1 | Mailing address for future correspondence (annual report notices): | | |
| 1272 HooDoo Loop Road Oldtown, ID 83822 | | | |
| C. F. A official and filing (applicable). | | | |
| 6. Future effective date of filing (optional): | | | |
| Signature of a manager, member or authorized | | | |
| pers | on. | <u> </u> | Secretary of State use only |
| Sian | ature MHu | | |
| Typed Name: Robert Dow | | | |
| <i>,</i> 1 | - | | |
| Sign | ature | | IDAHO SECRETARY OF STATE |
| | ed Name: | \ . | 09/06/2011 05:00 CK: 1030 CT: 262157 BH: 1289289 1 0 100.00 = 100.00 (Decay) 1 C 4 2 |

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