

ARTICLES OF ORGANIZATION LED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

06 DEC -4 PM 12: 58

| 1. | The name of the limited liability comp | <u>-</u> | SECRETARY OF STATE STATE OF IDAHO | |
|--|---|----------------------|--|--|
| 2. | The street address of the initial registered office is: 3828 CALABRIA PL. MERIDIAN, ID 83642 | | | |
| | and the name of the initial registered ANTHONY S. TURLINGTON | agent at the above a | ddress is: | |
| 3. | The mailing address for future correspondence is: 3828 CALABRIA PL. MERIDIAN, ID 83642 | | | |
| 4. | Management of the limited liability company will be vested in: | | | |
| | Manager(s) or Member(s) (please check the appropriate box) | | | |
| | If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member. | | | |
| | Name | | Address | |
| | ANTHONY S. TURLINGTON | 3828 CALABRIA P | L. MERIDIAN, ID 83642 | |
| | MARY ANN TURLINGTON | 3828 CALABRIA PI | | |
| | | | | |
| | | | | |
| 6. Signature of at least one person responsible for forming the limited liability company: | | | | |
| Signature: Typed Name: ANTHONY S. TURLINGTON Capacity: MEMBER Signature Typed Name: Typed Name: 12/04/2006 CK: 2867 CT: 68449 BH Capacity: 12 188.88 DR | | | | |
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| | ignature |).tomsk | IDAHO SECRETARY OF STATE | |
| T | yped Name: | forms\LCforms\ | 12/04/2006 05:00 CK: 2867 CT: 68449 BH: 1817319 | |
| C | apacity: | | 1 0 100.00 = 188.00 DRGAN LLC # | |

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