

ARTICLES OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANYIAY 11 PM 2: 09

(Instructions on back of application) SECRETARY OF STATE STATE OF IDAHO

| | STATE OF IDAHO |
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| 1. | The name of the limited liability company is: |
| | Pita Gear, LLC |
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| 2. | • |
| | 105 N. 4th Street, Suite 208, Coeur d'Alene, ID 83814 |
| | and the name of the initial registered agent at the above address is: |
| | Jack T. Riggs, M.D. |
| 2 | The mailing address for future correspondence is: |
| J. | 105 N. 4th Street, Suite 208, Coeur d'Alene, ID 83814 |
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| 4. | Management of the limited liability company will be vested in: |
| | Manager(s) or Member(s) (please check the appropriate box) |
| 5. | 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 |
| | Jack T. Riggs, M.D. 105 N. 4th Street, Suite 208 |
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| | Coeur d'Alene, ID 83814 |
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| 6. | Signature of at least one person responsible for forming the limited liability company: |
| | Signature: Secretary of State use only |
| | Typed Name: Jack T. Riggs, M.D. |
| | Capacity: Manager |
| | Signature IDAHO SECRETARY OF STATE |
| | Signature |
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