

ARTICLES OF ORGANIZATIONLED EFFECTIVE LIMITED LIABILITY COMPANY 03 APR 10 AM 11: 17

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

| 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) or 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 Tami Wickstrom PO Box 476; Star, ID 83669 Signature of at least one person responsible for forming the limited liability company: Signature: Admi Wickstrom Secretary of State use only Typed Name: Tami Wickstrom Capacity: Manager Signature Manager Tiden Secretary of State use only Typed Name: 1000000000000000000000000000000000000 | | STATE UP IDAHO |
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| The street address of the initial registered office is: 6350 W. Joplin Rd., Meridian, ID 83642 and the name of the initial registered agent at the above address is: Tami Wickstrom The mailing address for future correspondence is: PO Box 476; Star, ID 83669 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) or 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 Tami Wickstrom PO Box 476; Star, ID 83669 Signature of at least one person responsible for forming the limited liability company: Signature: Amu United Typed Name: Tami Wickstrom Capacity: Manager Signature Typed Name: 180.88 100.88 1 | . The name of the limited liability | company is: |
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| Signature of at least one person responsible for forming the limited liability company: Signature: | Nama | Address |
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| Typed Name: | Tami Wickstrom | PO Box 476; Star, ID 83669 |
| Capacity: Manager Signature | Tami Wickstrom S. Signature of at least one person | PO Box 476; Star, ID 83669 responsible for forming the limited liability company: |
| Signature | Signature of at least one person Signature: Signature: Typed Name: Tami Wickstrom | PO Box 476; Star, ID 83669 responsible for forming the limited liability company: |
| Signature | S. Signature of at least one person Signature: <u>Ami Will</u> Typed Name: <u>Tami Wickstrom</u> | PO Box 476; Star, ID 83669 responsible for forming the limited liability company: |
| 1 y 100.00 = 100.00 = 100.00 WOHN LLL | Tami Wickstrom Signature of at least one person Signature: Typed Name: Tami Wickstrom Capacity: Manager | PO Box 476; Star, ID 83669 responsible for forming the limited liability company: |
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