

ARTICLES OF ORGANIZATION FILED EFFECTIVE

(Instructions on back of application)

2006 DEC -5 AM 8: 19

| 1. | The name of the limited liability comp | pany is: | | SECRETARY OF STATE STATE OF IDAHO |
|------------|---|-----------------------|---|--|
| 2. | The street address of the initial registered office is: 10488 W. Sultana Lane, Boise, Idaho 83714 | | | |
| | and the name of the initial registered. Tina M. Slippy | | bove address is: | |
| 3. | The mailing address for future correspondence is: 10488 W. Sultana Lane, Boise, Idaho 83714 | | | |
| 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 | | | |
| | Tina M. Slippy | 10488 W. Sultana Lane | | |
| | | Boise, Idaho 83714 | | |
| | | | | |
| | | | | |
| 6 . | Signature of at least one person responsible for forming the limited liability company: | | | |
| | Signature: | | Secretary | of State use only |
| | Typed Name: Steve Weeks | | zagou'b | |
| (| Capacity: Organizer | | oforgani | |
| 9 | Signature | | Patromat LC forms are the object of the control of | |
| | Typed Name: | | Texas CK: | IDAHO SECRETARY OF STATE |
| | Capacity: | | E | 2157 CT: 192242 BH: 101/3 180.88 = 100.80 ORGAN LLC |

W56801