CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

| | W. W. | (instructions on back | of application) | 2010 NOV 16 AM II: 26 |
|---|--|---|-----------------|--------------------------------------|
| 1. | The n | ame of the limited liability com Ground Ties | | SEURETARY OF STATE STATE OF IDAHO |
| 2. The complete street and mailing addresses of the initial designated/principal office: U25 | | | | |
| 3 | (Mailing Address, if different then street address) The name and complete street address of the registered agent: | | | |
| J, | | id M. Dery | | |
| 4. | The name and address of at least one member or manager of the limited liability company: | | | |
| | | ny L. Dery auid M Dery | 1625 Table R | ock Dr. Driggs, ID |
| | | | | |
| 5. Malling address for future correspondence (annual report notices): P.D. BOX 269 Driggs, ID 83422_ | | | | |
| 6. Future effective date of filing (optional): | | | | |
| Signature of a manager, member or authorized person. | | | | |
| Signature Any LDeur | | | | |
| Typed Name: Aby L. Dery | | | | |
| Signature | | | | |
| Typed Name: | | | | INHO SECRETARY OF STATE |

cert_crig_ltc New. 07/2015

CK: 549801 CT: 172099 BH: 1247374 1 0 100.00 = 100.00 ORGAN LLC # 2