## ARTICLES OF ORGANIZATION

| ÷   | LIMITED LIABILIT (Instructions on back of  | of application)  |  |  |   | 50               |
|-----|--|--|--|--|---|------------------|
| H   | ,  |  |  |  |   | (교               |
| 1.  | The name of the limited liability compa  |  |  |  |   |                  |
|     | Doornail Investments, L.I  | L.C.   |  |  |   | No.              |
| 2.  | The street address of the initial registe  | ered office is:  |  |  |   |                  |
|     | 2635 Channing Way, Idaho   | Falls, ID 8  | 3404   |  | ··                                      | <del></del>      |
|     | and the name of the initial registered a   | agent at the above   | address i  | is:  |   | gli - nga<br>b e |
|     | J. Michael Wheiler, Esq.   |  |  |  |   |                  |
| 3.  | The mailing address for future corresp   | ondence is:  |  |  |   |                  |
|     | 2635 Channing Way, Idaho E   |  | 404  |  |   |                  |
| 4   | Management of the limited liability cor  |  | ed in:   |  |   |                  |
| -₹. |  | (please check the app  |  |  |   |                  |
|     | Manager(s) $\square$ or Member(s) $\square$  | (please check the app  | ыорнае вох)  |  |   |                  |
| •   | If management is to be vested in one of address(es) of at least one initial manamember(s), list the name(s) and address  | ager. If manageme  | ent is to be                                       | e vested   | in the                                  |                  |
| -   | address(es) of at least one initial man-   | ager. If manageme  | ent is to be<br>one initial                        | e vested   | in the                                  |                  |
| 5.  | address(es) of at least one initial man-<br>member(s), list the name(s) and addre  | ager. If manageme  | ent is to be<br>one initial<br>Add                 | e vested<br>membe<br>dress                                 | I in the<br>er.                         | Falls,           |
|     | address(es) of at least one initial man<br>member(s), list the name(s) and addre<br>Name   | ager. If manageme<br>ess(es) of at least o   | ent is to be<br>one initial<br>Add                 | e vested<br>membe<br>dress                                 | in the                                  |                  |
|     | address(es) of at least one initial mannember(s), list the name(s) and address  Name  Oliver Oneal Thuernagle  | ager. If manageme<br>ess(es) of at least of<br>412 Jupiter   | ent is to be<br>one initial<br>Add                 | e vested<br>membe<br>dress                                 | in the                                  |                  |
|     | address(es) of at least one initial mannember(s), list the name(s) and address  Name  Oliver Oneal Thuernagle  | ager. If manageme<br>ess(es) of at least of<br>412 Jupiter   | ent is to be<br>one initial<br>Add                 | e vested<br>membe<br>dress                                 | in the                                  |                  |
|     | address(es) of at least one initial mannember(s), list the name(s) and address  Name  Oliver Oneal Thuernagle  | ager. If manageme<br>ess(es) of at least of<br>412 Jupiter   | ent is to be<br>one initial<br>Add                 | e vested<br>membe<br>dress                                 | in the                                  |                  |
|     | address(es) of at least one initial mannember(s), list the name(s) and address  Name  Oliver Oneal Thuernagle  | ager. If manageme<br>ess(es) of at least of<br>412 Jupiter   | ent is to be<br>one initial<br>Add                 | e vested<br>membe<br>dress                                 | in the                                  |                  |
|     | address(es) of at least one initial mannember(s), list the name(s) and address  Name  Oliver Oneal Thuernagle  | ager. If manageme<br>ess(es) of at least of<br>412 Jupiter   | ent is to be<br>one initial<br>Add                 | e vested<br>membe<br>dress                                 | in the                                  |                  |
|     | address(es) of at least one initial mannember(s), list the name(s) and address  Name  Oliver Oneal Thuernagle  | ager. If managemeess(es) of at least of at | ent is to be one initial  Add  Hills  Hills        | e vested membe   | in the er.  Idaho Idaho                 | Falls,           |
|     | Address(es) of at least one initial manimember(s), list the name(s) and address (s). Name  Oliver Oneal Thuernagle  Keisha Marie Thuernagle  Signature of at least one person response.  | ager. If management is a series of at least of at leas | ent is to be one initial  Add  Hills  Hills  Hills | e vested membe   | in the er.  Idaho Idaho  or  y compa    | Falls,           |
|     | Address(es) of at least one initial manimember(s), list the name(s) and address and addres | ager. If management is a series of at least of at leas | ent is to be one initial  Add  Hills  Hills  Hills | e vested membe dress Dr., Dr.,                             | in the er.  Idaho Idaho  or  y compa    | Falls,           |
|     | Address(es) of at least one initial manimember(s), list the name(s) and address (s). Name  Oliver Oneal Thuernagle  Keisha Marie Thuernagle  Signature of at least one person response.  | ager. If management is a series of at least of at leas | ent is to be one initial  Add  Hills  Hills  Hills | e vested member dress  Dr., Dr.,  d liability retary of St | I in the  Idaho  Idaho  Idaho  vy compa | Falls,           |
|     | Address(es) of at least one initial manimember(s), list the name(s) and address and addres | ager. If management is a series of at least of at leas | ent is to be one initial  Add  Hills  Hills  Hills | e vested member dress  Dr., Dr.,  d liability retary of St | in the er.  Idaho Idaho  or  y compa    | Falls,           |
|     | Address(es) of at least one initial many member(s), list the name(s) and address to the name of the second  | ager. If management ess(es) of at least of | ent is to be one initial  Add  Hills  Hills  Hills | e vested member dress  Dr., Dr.,  d liability retary of St | I in the  Idaho  Idaho  Idaho  vy compa | Falls,           |

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