

Typed Name: _

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application) SECRETARY OF STATE 1. The name of the limited liability company is: STATE OF IDAHO Dearborn LLC 2. The complete street and mailing addresses of the initial designated/principal office: 209 West Main Street, Boise, Idaho 83702 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: 209 West Main Street, Boise, Idaho 83702 Scot M. Ludwig (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: **Address** Name 209 West Main Street, Boise, Idaho 83702 Scot M. Ludwig 5. Mailing address for future correspondence (ahnual report notices): 209 West Main Street, Boise, Idaho 83702 Future effective date of filing (optional): Signature of organizer(s) (An organizer is a member, dr is acting in behalf of a member or me Secretary of State use only pyforms/LLC forms/cert_org_Ec.PMD Revised_07/2008 Signature Scot M. Ludwig Typed Name: 08008 W Signature_