

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

2006 OCT 31 AM 8: 33

| 1.  | The name of the limited liability compa   | SECRETARY OF STATE STATE OF IDAHO   |
|---|---|---|
| 2.  | The street address of the initial registered office is:  527 South St. Charles Street, Salmon, Idaho 83467  |   |
|   | and the name of the initial registered agent at the above address is:  Harry R. Finlayson   |   |
| 3.  | . The mailing address for future correspondence is:  527 South St. Charles Street, Salmon, Idaho 83467  |   |
| 4.  | Management of the limited liability company will be vested in:  |   |
|   | Manager(s) X or Member(s)   | (please check the appropriate box)  |
| 5.  | 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   |
|   | Harry R. Finlayson  | 527 South St. Charles Street  |
|   |   | Salmon, Idaho 83647   |
|   | Phoebe Ann Finlayson  | 527 South St. Charles Street  |
|   |   | Salmon, Idaho 83647   |
|   |   |   |
|   |   |   |
| 6.  | 6. Signature of at least one person responsible for forming the limited liability company:  |   |
| Signature: Secretary of State |   | Secretary of State use only   |
|   | Typed Name: Harry R. Finlayson  Capacity: Manager  IDAHO SECRETARY OF   |   |
|   | Signature Phowbe Ann Find   | IDAHO SECRETARY OF STATE  10/31/2006 05:00  CK: 2517 CT: 196449 BH: 997916  1 8 108.00 = 100.00 ORGAN LLC |
|   | Typed Name: Phoebe Ann Finlayson Capacity: Manager  | Parties   |