

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 FEB 28 Fit 1: 11

| Service of Management | (mondonono on ba | ton or apphoanon, | |
|-----------------------|--|---------------------------------------|---|
| | of the limited liability c | | STATE OF IDAHO |
| Gr | ass Master Law | m Services | LLC |
| | | | nitial designated/principal office: |
| 1525 | W. Colamdo Ct | Nama ID | 83686 |
| (Street Addre | | | |
| (Mailing Add | ress, if different than street address | 3) | |
| 3. The name | and complete street ac | ddress of the regis | tered agent: |
| 4 11 | F 111 17 | - 1000 000 000 | |
| Anthon | y trank NavockJ | R. 1525 W. (Street Address) | colorado Nampa, 10 83 486 |
| (Mairie) | | (Street Address) | • |
| 1. The name | and address of at least | t one member or r | nanager of the limited liability |
| company: | | | |
| مالم | Name Name | 1505 L. 0 | Address |
| Andhony | MANUCK | _ 1925 W. C | olomado Nampa, 10 8310811 |
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| • | Idress for future corresp | ondence (annual | report notices): |
| Same | | · · · · · · · · · · · · · · · · · · · | · |
| S Future effe | ective date of filing (opti | ional\· | |
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| innature of | a manager, member | or authorized | |
| erson. | A A A | / | |
| _# | 11 /1/ | , | Secretary of State use only |
| ignature 7/4 | with flood | | |
| yped Name: | Anthony F. Navoc | / K | |
| | • | | IDAHO SECRETARY OF STATE |
| ignature | | | CX: 1889 CT: 256888 RH: 1261919 |
| yped Name: | | | 1 M 188.86 = 188.88 ORGANILLO N 2 1 N 20.80 = 20.80 EYDENTTE C # 7 |

cert_org_llc Rev 07/2010