

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

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SECREMARY OF STATE

| 1. | The name of the limited liability company is: | STATE DE MANO | |
|----|---|---|--|
| | Mobile Bike Service LLC. | | |
| 2. | 2. The street address of the initial registered office is: 5961 N. Brook Place, Boise ID 83714 and the name of the initial registered agent at the above address is: | | |
| | | | |
| | | | |
| | Audrey L. Tucker | | |
| 3. | The mailing address for future correspondence is: | | |
| | 6138 N. Widgeon Way, Boise ID 83714 | | |
| 4. | 4. Management of the limited liability company will be vested in |): | |
| | Manager(s) 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) or 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 | |
| | Martin K. Wolford 6138 N. Widgeon W | rtin K. Wolford 6138 N. Widgeon Way, Boise ID 83714 | |
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| 6. | 6. Signature of at least one person responsible for forming the | limited liability company: | |
| | Signature: Martin K. Wolford | Secretary of State use only | |
| | Typed Name: Martin K. Wolford Capacity: Manager Men bev | | |
| | antsofo | | |
| | Signature Typed Name: | IDAHO SECRETARY OF STATE 04/23/2003 05:00 | |
| | Typed Name: | 1 0 100.00 = 100.00 ORGAN LLC | |
| | Capacity: | | |

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