

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2005 MAR 23 AM 9: 01

| 1. | The name of the limited liability compa | any is: | | STATE OF IDAHO |
|--|---|-------------|---|---|
| | Muddawg Solutions LLC | | | |
| 2. The street address of the initial registered office is: | | | | |
| | 562 E Danskin Road Mayfield, Idal | no 83716 | | |
| | and the name of the initial registered agent at the above address is: | | | |
| | Timothy Brininger | | | |
| 3 | The mailing address for future corresp | ondence is: | | |
| Same | | | | |
| | | | | |
| 4. | Management of the limited liability company will be vested in: Manager(s) ☐ or Member(s) ✓ (please check the appropriate box) 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. | | | |
| | | | | |
| 5. | | | | |
| | Name Address | | | |
| | Timothy Brininger 562 E Danskin Rd. Mayfield, ld 83716 | | | |
| | Timothy Brininger | 302 Z Dan | OKIII I (G. | |
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| 6. | Signature of at least one person responsible for forming the limited liability company: | | | |
| | Signature: | | 8 | Secretary of State use only |
| | Typed Name: Timothy Brininger MD | | zation p | |
| | Capacity: Member | | оботран | |
| | Circa at una | | rmstarts 1002 | |
| | Signature Typed Name: | | copylomsil, LC formalertcolorgenzzalon p65 Revised 07/2002 | IDAHO SECRETARY OF STATE 43/23/2005 05:00 |
| | Capacity: | | Ravi | CK: 6102 CT: 187172 BH: 880205 1 8 100.00 = 190.00 ORGAN LLC W |