

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2013 MAY 30 PM 3: 59

| 40 I | (Instructions on | back of application) | SECRETARY OF STATE STATE OF IDAHO |
|------|---|--|--|
| 1. | The name of the limited liability company is: | | STATE OF TOAHO |
| | WDS Yellowstone, LLC | | |
| 2. | The complete street and mailing addresses of the initial designated office: 2050 N. Haroldsen Dr. | | |
| | (Street Address) Idaho Falis, ID 83401 (Mailing Address, If different than street add | ress) | |
| 3. | The name and complete street address of the registered agent: | | |
| | Hal Bennett | 2050 N. Haroldsen Dr., Idaho Falls, ID 83401 | |
| | (Name) | (Street Address) | |
| 4. | The name and address of at least one member or manager of the limited liability company: | | |
| | Name | | Address |
| | Woodruff D. Smith | 2050 N. Haroldsen Dr., Idaho Falls, ID 83401 | |
| | | | |
| 5. | Mailing address for future corre | spondence (annual repor | t notices); |
| 3. | Future effective date of filing (o | ptional): | |
| | nature of a manager, membe | r or authorized | |
| ign | nature Woodruff D. Smith | Sty | Secretary of State use only |
| | | | TRÁLO CEADETADA OF ATATA |
| ગંતા | nature | | IDAHO SECRETARY OF STATE 05/30/2013 05:01 |

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