

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

| 1. | The name of the limited liability comp | pany is: | STATE OF IDAHC |
|----|--|------------------------------------|--|
| | A. Berman, LLC | | |
| 2. | The street address of the initial regis | tered office is: | |
| | C/O Alkire & Co PLLC, 205 N Tenth Street, Ste 300, Boise, ID 83702 | | |
| | and the name of the initial registered | | |
| | Victoria Meier | agoni at ino azoto assiste | |
| | and the second s | - n and an ao is: | |
| 3. | The mailing address for future corres | | |
| | 1678-12 South Loggers Pond, Boi | | |
| 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) 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 | | |
| | | | |
| | Allan S. Berman | 1678-12 South Loggers Po | ond, Boise, ID 83706 |
| | Allan S. Berman | 1678-12 South Loggers Po | ond, Boise, ID 83706 |
| 6. | | | |
| 6. | Signature of at least one person responses | ponsible for forming the limited | |
| 6. | Signature of at least one person responsion responsion from the state of the person responsion from the state of the state | ponsible for forming the limited | l liability company: |
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| 6. | Signature of at least one person responsion responsion from the state of the person responsion from the state of the state | ponsible for forming the limited | l liability company: |