

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANING 30 AM 9: 15

(Instructions on back of application)

STATE OF IDAHO

2. The address of the initial registered office is: 128 Saddle Road, Suite 103,  Ketchum, ID 83340 and the name of the initial registerer and the name of the n	1.	The name of the limited liability company					NGE ACCOM		
agent at that address is: Robert Korb  3. The mailing address for future correspondence: Post Office Box 249,  Ketchum, ID 83340  4. Management of the limited liability company will be vested in:  Manager(s) or Member(s) (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 members, list the name(s) and address(es) of at least one initial member.  Name  Address  B.C. Exchange Corporation  P.O. Box 249, Ketchum, ID 83340  6. Signature Of at least one person responsible for forming the limited liability company:  Signature Robert Korb  Capacity Secretary  Signature IDANO SECRETARY OF STATE  18 189, 88 = 189, 88 0 088M LLC 12 2	2.	The address of the initial registered office	e is	s: <u>128</u>	Sad	dle R	oad, Suit	e 10	)3,
Management of the limited liability company will be vested in:  Manager(s) or Member(s) (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 members, list the name(s) and address(es) of at least one initial member.  Name  Address  B.C. Exchange Corporation  P.O. Box 249, Ketchum, ID 83340  6. Signature Of at least one person responsible for forming the limited liability company:  Signature Robert Korb  Capacity Secretary  Signature Typed Name  Typed Name  Typed Name  Capacity IDANO SECRETARY OF STATE  Off. 329 / 289 23 65 329  Capacity I 8 188.88 = 188.88 CROBEN LIC 18 2				Korb		and the	e name of the	initia	al registered
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 management is to be vested in the members, list the name(s) and address(es) of at least one initial member.  Name  Address  B.C. Exchange Corporation  P.O. Box 249, Ketchum, ID 83340  6. Signature of at least one person responsible for forming the limited liability company:  Signature	3.	The mailing address for future corresponde	en	ce: P	ost (	Offic	e Box 249	,	
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 management is to be vested in the members, list the name(s) and address(es) of at least one initial member.  Name  Address  B.C. Exchange Corporation  P.O. Box 249, Ketchum, ID 83340  6. Signature of at least one person responsible for forming the limited liability company:  Signature  Typed Name  Robert Korb  Capacity  Signature  Typed Name  Capacity  Typed Name  Capacity  Capacity  IDANO SECRETARY OF STATE  OCX: 5662 CT: 2294 BH: 680552 1 1 # 180.88 = 100.88 ORGAN LLC # 2		Ketchum, ID 83340							
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 members, list the name(s) and address(es) of at least one initial member.  Name  Address  B.C. Exchange Corporation  P.O. Box 249, Ketchum, ID 83340  6. Signature of at least one person responsible for forming the limited liability company:  Signature  Typed Name  Robert Korb  Capacity  Secretary  Signature  Typed Name  Capacity  Typed Name  Capacity	4.	Management of the limited liability company will be vested in:							
at least one initial manager. If management is to be vested in the members, list the name(s) and address(es) of at least one initial member.  Name  Address  B.C. Exchange Corporation  P.O. Box 249, Ketchum, ID 83340  6. Signature of at least one person responsible for forming the limited liability company:  Signature  Typed Name  Robert Korb  Capacity  Secretary  Signature  Typed Name  Capacity  IDANO SECRETARY OF STATE  G6./39/2003 65:000  CK: 5628 CT: 2284 BH: 68552 1 \$180.88 = 198.88 CKSCHICKY OF STATE		Manager(s) or Member(s) . (please of	che	ck the app	ropriate I	box)			
6. Signature of at least one person responsible for forming the limited liability company:  Signature	5.	at least one initial manager. If management is to be vested in the members, list the name(s) a address(es) of at least one initial member.							
6. Signature of at least one person responsible for forming the limited liability company:  Signature		B.C. Exchange Corporation	•	P.O.	Вох	249,	Ketchum,	ID	83340
6. Signature of at least one person responsible for forming the limited liability company:  Signature									
Signature									•
Typed Name Robert Korb  Capacity Secretary  Signature  Typed Name  Capacity 100210  Capacit	6.		le	for form	ing th	e limite	d liability com	npany	·:
Signature				· <del></del>					
Capacity		Cooweter	—		tion.p65		Secretary of State	e use or	nly
Signature		Capacity			rganizal 01				
Typed Name		Signature		·	\ertsofo 01/20				
Capacity		Typed Name			C forms Revised		06/30/2003 05:00		
(N) 2490R		Capacity		<del></del>	orms/LLI	;	CK: 5628 CT:	2284 1	BH: 688552
				to the second se	g:keorplfc		(n) 24	90	8