ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

03 SEP 23 PM 4: 19

SECALE #117 OF STATE

| . The name of the limited liability of | Sompany is: |
|--|--|
| Osprey Point LLC | ompany to. |
| Osprey Form ELC | |
| . The street address of the initial re | egistered office is: |
| 4845 North Curlew Place, Eag | le, Idaho 83616 |
| and the name of the initial registe | ered agent at the above address is: |
| Glenn C. Bothwell | |
| 3. The mailing address for future co | rrespondence is: |
| | h Dalspring Avenue, Boise, Idaho 83713-1316 |
| | |
| Management of the limited liabilit | y company will be vested in: |
| Manager(s) or Member(s) | (please check the appropriate box) |
| address(es) or at least one initial | one or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member. |
| Name | Address |
| Glenn C. Bothwell | 4845 North Curlew Place, Eagle, ID 83616 |
| | |
| | |
| | |
| - | |
| | |
| | |
| 0.00 | |
| Signature of arreast one person r | |
| Signatural Red W.S. | responsible for forming the limited liability company: |
| Signature: Robert B. Burns | Constant of State upo orbit |
| Typed Name: Robert B. Burns | Constant of State upo orbit |
| | Constant of State upo orbit |
| Typed Name: Robert B. Burns | Constant of State upo orbit |
| Typed Name: Robert B. Burns Capacity: Attorney/Organizer | Secretary of State use only Secretary of State use only 1002//01 |

W26060