CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 JAN -2 AN 9: 18 SECOND AN 9: 18 (Instructions on back of application) 1. The name of the limited liability company is: Core Admin Support, LLC 2. The complete street and mailing addresses of the initial designated office: 1260 West Palouse Drive (Street Address) Post Falls, ID 83854 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Michael B. Hague 401 Front, #212, Coeur d'Alene, ID 83814 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name **Address** Leslie A. Gillis 1260 West Palouse Drive, Post Falls, ID 83854 5. Mailing address for future correspondence (annual report notices): 1260 West Palouse Drive, Post Falls, ID 83854 6. Future effective date of filing (optional): ____ Signature of a manager, member or authorized person. Secretary of State use only Signature IDAHO SECRETARY OF STATE Typed Name: Leslie A. Gillis 01/02/2015 05:00 CK:5895 CT:304675 BH:1455219 10 100.00 = 100.00 DRGAN LLC #2 Signature_____

Typed Name: