

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

SECRE ARY OF STATE STATE OF IDAHO 1. The name of the limited liability company is: Sowamakolo, LLC 2. The complete street and mailing addresses of the initial designated/principal office: 3195 Longbow Drive, Twin Falls, Idaho 83301 (Street Address) same (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Lori Donaldson 3195 Longbow Drive, Twin Falls, Idaho 83301 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: <u>Address</u> Name Lori Donaldson 3195 Longbow Drive, Twin Falls, Idaho 83301 5. Mailing address for future correspondence (annual report notices): 3195 Longbow Drive, Twin Falls, Idaho 83301 6. Future effective date of filing (optional): Signature of A manager, member or authorized

person.

Signature ____

Typed Name John O. Fitzgerald

Signature_

Typed Name: _

Secretary of State use only

IDAHO SECRETARY OF STATE

08/04/2010 05:00

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