

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

| E 7 O | (Instructions on back of  | таррисацог)                             |                             |
|-------|---|---|-----------------------------|
| 1. "  | The name of the limited liability compa   | any is:                                 | <b>P: 32</b>                |
|       | Performance Capital, LLC  |   | 2                           |
| 2.    | The street address of the initial registe                                       | ered office is:                         |                             |
|       | 3179 S. Whitepost Way, Eagle, ID 8  |   |                             |
| ı     | and the name of the initial registered a  | agent at the above address is:          |                             |
|       | Cathie A. Wasick  |   |                             |
| 3.    | The mailing address for future corresp  | oondence is:                            |                             |
|       | 3179 S. Whitepost Way, Eagle, ID  |   |                             |
| 4.    | Management of the limited liability con   | mpany will be vested in:                |                             |
|       | Manager(s) 🗸 or Member(s) 🗌   | (please check the appropriate box)      |                             |
|       | address(es) of at least one initial mar<br>member(s), list the name(s) and addr | ress(es) of at least one initial memb   | ) <b>C</b> I .              |
|       | Cathie A. Wasick  | 3179 S. Whitepost Way, Eagle,           | ID 83616                    |
|       | Kimball K. Wasick   | 3179 S. Whitepost Way, Eagle,           | ID 83616                    |
|       |   |   |                             |
|       |   |   |                             |
|       |   |   |                             |
|       |   |   |                             |
| •     | Signature of at least offe person responses                                     | oonsible for forming the limited liabi  | lity company:               |
| 6.    | Signature:  | Co-mton, of                             | f State use only            |
|       | Typed Name: Kimball K. Wasick   | ation p6                                |                             |
|       | Capacity: Manager   | soforganiz                              |                             |
|       | Signature   | Revised 07/2002  Revised 07/2002  CK: 1 | IDAHO SECRETARY (           |
|       | Typed Name:   | CK: 1                                   | /10/2006<br>1019 CT: 192809 |
|       | Capacity:   | : 6<br>  S at                           | 80.90 = 190.90              |

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