

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code

| 1 | Base Filing fee: | \$100.00 typed, \$120 not typed | 2018 JUL 23 AM 9: 33 |
|------|--|--|--|
| | Complete and su | bmit the application in <u>duplicate</u> . | SECRETARY OF STATE |
| 1. | The name of the limited liab | LLL | STATE OF IDAHO |
| | (Remember to include the | e words "Limited Liability Company," "Limited Co | mpany, "or the abbreviations L.L.C., LLC, or LC) |
| 2. | The complete street and mailing addresses of the principal office is: 230 E CENTER ST PARIS ID 83261 | | |
| | (Street Address) | | |
| | PO BOX 347 PARIS ID 83261 | | |
| | (Mailing Address, if different) | | |
| 3. | The name and complete street address of the registered agent: | | |
| | PATRICK JOHNSON 230 E CENTER ST P. | | PARIS ID 83261 |
| | (Name) | (Address) | |
| | | | |
| 4. | The name and address of at least one governor of the limited liability company: | | |
| | KIMBERLY JOHNSON 230 E CENTER ST PARIS ID 83261 | | |
| | (Name) | (Address) | - |
| | | | |
| | (Name) | (Address) | |
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| | /Nome Y | | |
| | (Name) | (Address) | |
| | | | |
| | (Name) | (Address) | |
| | | | |
| 5. | Mailing address for future correspondence (annual report notices): | | |
| | PO BOX 347 PARIS ID 83261 | | |
| | (Address) | | |
| C: | | | |
| Sigr | nature of organizer(s). | | Secretary of State use only |
| Prin | ted Name: KIMBERLY JOH | HNSON | • |
| | Micheles | 1.60000 | IDAHO SECRETARY OF STATE |
| Sigr | nature: #################################### | 10111911 | 07/23/2018 05:00 |
| | " // | | CK:198 CT:360791 BH:1654840 16 100.00 = 100.00 ORGAN LLC #2 |
| Prin | ited Name: | | The state of the s |
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| Siar | nature: | | |

Rev. 01/2018

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