

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY COMPANY

(Instructions on back of application)

| | The name of the limited liability company is: Gary W. Twedell Consulting, L.L.C. |
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| | The street address of the initial registered office is: 482 North Ridge Ave., Idaho Falls, ID |
| | 83402 and the name of the initial registered |
| | agent at the above address is: Gary W. Twedell |
| 3. | The mailing address for future correspondence: 482 North Ridge Ave., Idaho Falls, ID |
| | 83402 |
| 1. | Management of the limited liability company will be vested in: |
| | Manager(s) or Member(s). (please check the appropriate box) |
| 5. | If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the members, list the name(s) and address(es) of at least one initial member. Name Address |
| | Gary W. Twedell 482 North Ridge Ave., Idaho Falls, ID 83402 |
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| 6 | Signature of at least one person responsible forming the limited liability company: |
| | Signature Will W. /wed.k |
| | Typed Name Gary W. Twedell Secretary of State use only |
| | Capacity Member (|
| | Capacity Member |
| | Typed Name Jaho secretary of STATE_ |
| | Capacity G3/13/2002 05 = 00 CK: 3710 CT: 193976 BH: 45171 |

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