| ARTICLES OF O LIMITED LIABIL To the Secretary of St Statehouse, Boise, Io | ITY COMPANY FILED |
|---|--|
| · · · · · · · · · · · · · · · · · · · | |
| 1. The name of the limited liability compar | y is: |
| Idaho, 83712 | ce is: <u>2310 South Ridgeview</u> , Boise, (not a PO Box) and the name of the initial registere |
| agent at that address is: <u>Robert Si</u> Signature of registered agent : <u>M</u> | nclair Simpson |
| 3. The latest date certain on which the lim | ited liability company will dissolve: <u>12/31/2025</u> |
| 4. Is management of the limited liability co | mpany vested in a manager or managers? |
| Yes Yes | mpany vested in a manager or managers? X No (check appropriate box) e manager(s), list the name(s) and address(es) of a int is vested in the members, list the name(s) and |
| Yes 5. If management is vested in one or mor least one initial manager. If management address(es) of at least one initial membra | mpany vested in a manager or managers? No (check appropriate box) e manager(s), list the name(s) and address(es) of a ent is vested in the members, list the name(s) and her. <u>Address:</u> <u>2310 South Ridgeview</u> |
| Yes If management is vested in one or mor least one initial manager. If management address(es) of at least one initial membrance <u>Name:</u> | mpany vested in a manager or managers? No (check appropriate box) e manager(s), list the name(s) and address(es) of a ent is vested in the members, list the name(s) and her. <u>Address:</u> |
| 5. If management is vested in one or mor least one initial manager. If manageme address(es) of at least one initial memb <u>Name:</u> Robert Sinclair Simpson | mpany vested in a manager or managers? X No (check appropriate box) e manager(s), list the name(s) and address(es) of a ont is vested in the members, list the name(s) and oner. Address: 2310 South Ridgeview Boise, Idaho 83712 149 E. Mallard Ave #355 Boise, Idaho 83706 |
| S. If management is vested in one or mor least one initial manager. If manageme address(es) of at least one initial memb <u>Name:</u> Robert Sinclair Simpson Lowry McCaslin Smith | mpany vested in a manager or managers? No (check appropriate box) e manager(s), list the name(s) and address(es) of a ant is vested in the members, list the name(s) and er. <u>Address:</u> <u>2310 South Ridgeview</u> Boise, Idaho 83712 <u>149 E. Mallard Ave #355</u> Boise, Idaho 83706 ' in #5 above: <u>Secretary of State use only</u> |
| S. If management is vested in one or mor least one initial manager. If manageme address(es) of at least one initial memb <u>Name:</u> Robert Sinclair Simpson Lowry McCaslin Smith | mpany vested in a manager or managers? No (check appropriate box) e manager(s), list the name(s) and address(es) of a ent is vested in the members, list the name(s) and her. <u>Address:</u> <u>2310 South Ridgeview</u> Boise, Idaho 83712 <u>149 E. Mallard Ave #355</u> Boise, Idaho 83706 |

•