CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIV

(Instructions on back of application)

80:9 MA 9:08

| . The name of the limited liability compa | any is: | SECRETARY OF | STATE |
|---|--|--|---------------------------------------|
| Canyon C | reek Services LL | c. STATE OF IDA | VHO |
| . The complete street and mailing addre | | - | fice: |
| | s Road Island Park I | daho 83429 | |
| (Street Address) P.O. Box 437 | ' island Park Idaho 8 | 3429 | |
| (Mailing Address, if different than street address) | | | |
| The name and complete street address | s of the registere | d agent: | |
| Jacob Mund | 3509 Beaver Sprin | gs Road Island Park Idaho 8 | 3429 |
| (Name) | (Street Address) | • | · |
| The name and address of at least one company: Name | member or man | ager of the limited liabilit | ty |
| Jacob Mund | P.O. Box 437 Island Park Idaho 83429 | | |
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| Mailing address for future corresponde | ence (annuai repo 7 Island Park Idaho 8 | | |
| F.O. Bux 431 | I ISIAHU PAIK IUAHO C | 3429 | |
| Future effective date of filing (optional |) | • | i e |
| 1 Cital & Citacite and of fining (optional | /· | · | · · · · · · · · · · · · · · · · · · · |
| | . | | |
| gnature of organizer(s). (An organizer is a m ing in behalf of a member or members). | lember, or is | | |
| A MI | | Secretary of State use only | • |
| gnature MMMS | Ar A | • | |
| ped Name: Jacob Mund | ormal LC formatcert, org. Rt. PMC | | - |
| | . eg | IDANO SECRETARY | OF STATE |
| gnature | 75.75 17.06 | 01/19/2010 | 95:6 |
| roed Name: | A best | CK: 1709 CT: 114657 1 @ 100.08 = 100.00 | ORBAN LLC |