

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY SEP-8 AM 8: 48

(Instructions on back of application)

| 1. | The name of the limited liability comp | SECRETARY OF STATE STATE OF IDAYO |
|----------------|--|---|
| 2. | The street address of the initial regist | |
| | and the name of the initial registered JACOB VAN VLIET | agent at the above address is: |
| 3. | The mailing address for future correspective MORTH HEATHROW WAY, | |
| 4. | Management of the limited liability con | mpany will be vested in: |
| | Manager(s) or Member(s) | (please check the appropriate box) |
| 5. | address(es) of at least one initial man | or more manager(s), list the name(s) and ager. If management is to be vested in the ess(es) of at least one initial member. |
| | | |
| | Name | Address |
| | Name JACOB VAN VLIET | Address 6205 NORTH HEATHROW WAY |
| | | |
| | | 6205 NORTH HEATHROW WAY |
| | Signature of at least one person response | 6205 NORTH HEATHROW WAY |
| 5 | Signature of at least one person responsionature: | BOISE ID 83713 onsible for forming the limited liability company: |
| 5 | Signature of at least one person response | BOISE ID 83713 onsible for forming the limited liability company: |
| ; (| Signature of at least one person-responsionature: Signature: MARSHA SIHA Capacity: ORGANIZER | BOISE ID 83713 onsible for forming the limited liability company: |
| 3 | Signature of at least one person responsionature: Signature: MARSHA SIHA Capacity: ORGANIZER Signature | BOISE ID 83713 onsible for forming the limited liability company: |
| \$ (4) 5 | Signature of at least one person-responsionature: Signature: MARSHA SIHA Capacity: ORGANIZER | BOISE ID 83713 Ponsible for forming the limited liability company: Secretary of State use only IDAHO SECRETARY OF STATE 99/08/2005 05:00 CK: 9922 CT: 187591 BH: 918459 1 9189.89 1 988.89 0866N LIC # 6 |

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