

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2005 SEP -2 AM 8: 29

(Instructions on back of application)

| ₹ | (Instructions on back | or application | '/ | SECRETARY OF STATE |
|--|--|----------------|--|---|
| 1. | The name of the limited liability comp | any is: | | STATE OF DAYO |
| | REEL, L.L.C. | | | |
| 2. | The street address of the initial registered office is: | | | |
| | 1925 Kimberly Road, Twin Falls, ID 83301 | | | |
| | and the name of the initial registered | agent at the | above address is | s: |
| | Rex Lytle | | | |
| 3. | The mailing address for future corres | pondence is: | | |
| | P.O. Box 332, Twin Falls, ID 83303-0332 | | | |
| 4. | 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 address(es) of at least one initial man member(s), list the name(s) and add | nager. If man | lagement is to be | e vested in the |
| | Name Address | | | |
| | Rex Lytle | P.O. Box | P.O. Box 332, Twin Falls, ID 83303-0332 | |
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| | | | | 10.1204 |
| 6. | Signature of at least one person res | ponsible for f | | |
| | Signature: Key Vulle Typed Name: Rex Lytle | | Sec Sec | cretary of State use only |
| | Capacity: Member | | vganizati | |
| | | | ns/artsofo | IDANO SECRETARY OF STAT |
| | Signature | | Grooptoms/LLC forms/artsoforganization p65 Revised 07/2002 Manual dept. | 09/02/2005 05: CX: 4978 CT: 48107 BH: 96 |
| | Typed Name: Capacity: | | Sorphform: Revi | 1 0 100.00 = 100.00 URGAN |
| | | | — by Web Form | W 425 |