ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY EFFECTIVE

To the Secretary of State of Idaho,

700 West Jefferson Room 203 P.O. Box 83720, Boise, Idaho 83720-0080 03 OCT -9 PM 3:53

| | uu 00, 20 0000 | SECRETARY (| JE STAT | F | |
|--|-----------------------------------|---|--------------------------|--------------------|-----|
| The name of the limited liability company is: | Lamvey L.L.C. | STATE OF | IDAHO | | |
| 2. The address of the initial registered office is | B Eiden Dr., Boise, II PO Box) | 0 83705 , and the | name | | —— |
| initial registered agent at that address isAaron_ | Harvey | _, and the | - Indirio | _· | uic |
| Signature of registered agent: | wey | | | | |
| The latest date certain on which the professional ling December 31, 2050 | mited liability compa | ny will disso | lve is: | | |
| 4. Is management of the limited liability company vest | ted in a manager or | managers? | | | |
| ☐ Yes NO (d | check appropriate box) | | | | |
| 5. If management is vested in one or more managers, list the names and addresses of at least one initial manager. If management is vested in the members, list the names and addresses of at least one member. | | | | | |
| <u>Name:</u> | <u>A</u> | ddress: | | | |
| Mike Lamm | 306 Eiden Dr., Boise, I | D 83705 | | | |
| Aaron Harvey | 306 Eiden Dr., Boise, ID 83705 | | | | |
| | | | | | |
| | | | | | |
| 6. Signature(s) of at least one person listed in #5 above: | | | | | |
| | Secretai | y of State use o | only | | |
| mus no | | | | | |
| 1 3 | | | | | |
| Javan Hawell | | | | | |
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