

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

06 AUG 16 PH 3: 05

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

| 1. | The name of the limited liability compa | ny is: |
|----|---|--|
| 2. | . The street address of the initial registered office is: 199 North Capitol Boulevard, Suite 600, Boise, Idaho 83702 | |
| | and the name of the initial registered a Teresa Keef | gent at the above address is: |
| 3. | The mailing address for future correspondence is: 199 North Capitol Boulevard, Suite 600, Boise, Idaho 83702 | |
| 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 or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member. | |
| | Name | Address |
| | Rodger Bailey | 199 N. Capitol Blvd., Ste. 600, Boise, ID 83702 |
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| e | . Signature of at least one person resp | onsible for forming the limited liability company: |
| | Signature: | Secretary of State use only |
| | Capacity: Organizer | TRAUM CEMPETADY OF STATE |
| | Ciamatura | 1 DANO SCREINT & SINE |
| | Signature Typed Name: | |
| | Capacity: | Web Form W 53585 |