

Capacity:

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2006 DEC 20 AM 8: 55

SECRETARY OF STATE 1. The name of the limited liability company is: STATE OF IDAHO AuMtn 人しC 2. The street address of the initial registered office is: 490 Pioneer Path, Twin Falls, ID 83301 and the name of the initial registered agent at the above address is: Gary G. Hamilton 3. The mailing address for future correspondence is: 490 Pioneer Path, Twin Falls, ID 83301 4. Management of the limited liability company will be vested in: 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** Gary G. Hamilton 490 Pioneer Park, Twin Falls, ID 83301 Shauna S. Hamilton 490 Pioneer Park, Twin Falls, ID 83301 6. Signature of at least one person responsible for forming the limited liability company: Signature: Secretary of State use only Typed Name: Gary G. Hamilton Capacity: Member Signature _____ Typed Name:

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