

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

02 OCT -2 AM 9: 33

(Instructions on back of application) SLUME OF STATE

| | The manne of the limited lightlity comm | any is: | STATE OF IDAHO | |
|----|--|---|---|--|
| | The name of the limited liability comp | raity 10. | | e e e e e e e e e e e e e e e e e e e |
| | D.A. SEARS L.L.C. | | | |
| | The street address of the initial regist | | | |
| | 5742 S. CAPER PLACE, BOISE, IDAHO 83716 | | | |
| | and the name of the initial registered | agent at the | above add | ress is: |
| | DANIEL A. SEARS | | | |
| , | The mailing address for future corres | bondence is | : | |
| Э. | 5742 S. CAPER PLACE, BOISE, IDAHO 83716 | | | |
| | | | | |
| 1. | 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) or at least one initial ma member(s), list the name(s) and add | inager. It mai | nagement | is to be vested in the |
| | Name Address | | | |
| | DANIEL A. SEARS | 5742 S. CAPER PLACE, BOISE, IDAHO 83716 | | |
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| | The state of the s | noncible for | forming the | limited liability company: |
| 6. | Signature of at least one person responsible for forming the limited liability company: Signature: Secretary of State use only | | | |
| | Typed Name: DANIEL A. SEARS | <u> </u> | on.p65 | Secretary of State use only |
| | Capacity: CEO Mem | ber | ganizati | |
| | Cupacity. | | copyloms/LC forms/artsolorganization.p65 Revised 07/2002 | Thauc - |
| | Signature | | orms/LLC forms/ Revised 07/2002 | IDAHO SECRETARY OF STAT |
| | Typed Name: | | forms/L1 | CK: CASH CT: 163914 BH: 5 1 0 100.00 = 100.00 ORGAN |
| | Capacity: | | dicorbi |) OC |

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