

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 JAN 23 PM 3: 05

SECRETARY OF STATE STATE OF IDAHO

| 1 | (Instructions on back | of application | n) | STATE OF IDANU |
|---|-----------------------------------|----------------|-----------------------------|--|
| 1. The name of | the limited liability com | pany is: | | |
| Mount | air State | Receiv | ables 1/C | • |
| 2. The complete | street and mailing add | resses of th | e initial designated | office: |
| 482 | Constitution | Suite | 317 IDAHO | FAlls ID |
| (Gueet Address) | | - | , | 83402 |
| | if different than street address) | | | |
| The name and complete street address of the registered agent: | | | | |
| Jeffrey (Name) | Hatch | 482 C | enstitution S | te 217 |
| | | , | IDAHO FALLS | ID 83402 |
| 4. The name an company: | d address of at least on | e member o | or manager of the li | mited liability |
| T (0 | Name | | <u>Address</u> | |
| Jettre | y Heitch | 482 | anstitution s | te 217 |
| . | | | IDAH | o FALL ID |
| | | | | 83402 |
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| E Mailine adulus | | | | |
| _ | ss for future correspond | • | • , , , | To dalla |
| 982 | Constitution Sui | e 21/ | Idano Fais | TU 85402 |
| 6. Future effective | ve date of filing (optiona | l): | | · · · · · · · · · · · · · · · · · · · |
| | | | | |
| - | nanager, member or a | authorized | | , |
| person. | " 1 - | | Secretary (| of State use only |
| Signature | M | | | |
| Typed Name: | Jeff Hatch | | | |
| | | | | |
| | | | 01AH0 01/2 3 | SECRETARY OF STATE 6/2014 05:00 |
| Typed Name: | | | CK: 1686280 1 0 100.00 = | CT: 172099 BH: 1407358 = 100.00 ORGAN LLC N 2 |

9/21/2012

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