

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 OCT -6 PM 1: 45

| | . The name or the limited liability company is: | | |
|---|---|--|--|
| NDIWeb Solutions LLC | | SECRETARY OF STATE STATE OF IDAHO | |
| The complete street and mail | ing addresses of the initial desig | nated office: | |
| 115 W 1st S, Bancroft, ID 83217 | | | |
| (Street Address) P.O. Box 40, Bencroft, ID 3217 | | | |
| (Mailing Address, if different than street # | ddress) | | |
| 3. The name and complete stree | at address of the registered age | nt· | |
| . The harro and complete says | at addition of the registered age | i iL. | |
| C. Jason Mabey 141 W 1st S, Bancroft, ID | | 3217 | |
| (Name) (Street Address) | | | |
| | | | |
| The name and address of at l company; | east one member or manager of | of the limited liability | |
| Name | Ade | iress | |
| C. Jason Mabey | | P.O. Box 40, Bancroft, ID 83217 | |
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| Mailing address for future cor | respondence (annual report not | ices): | |
| P.O. Box 40, Bancroft, ID 83217 | | · | |
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| 5. Future effective date of filing | (ontional): | | |
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| ignature of a manager, memb | per or authorized | | |
| erson. | | | |
| ignature ////Subject/// | reben | Secretary of State use only | |
| | hev | | |
| yped Name: Christopher Jason Ma | | | |
| ignature | ļ | | |
| yped Name: | | IDAHO SECRETARY OF STAT | |
| ypeu italiic. | | 10/06/2014 05:00 | |

9/21/2012

041, org. No Rev. 07/2010

10/06/2014 05:00

CK: 2271748 CT: 172099 BH: 1444155 16 100.00 = 100.00 DRGAN LLC #2 1@ 20.00 = 20.00 EXPEDITE C #3