

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 DEC -4 PM 3: 49

| | (metractions on ba | ick of application | OF ONE INVESTIGATE |
|------------------------------------|---|---|-------------------------------------|
| 1 The name | e of the limited liability c | company is: | STATE OF IDAHO |
| | · | ompany io. | |
| SCT LLC | | | |
| 2. The com | e complete street and mailing addresses of the initial designated office: | | |
| 770 N. A | shtree, Boise Idaho 83712 | | |
| (Street Add | ress) | | |
| (Mailing Ad | dress, if different than street address | :) | |
| _ | | | rists and a mast. |
| 3. The nam | e and complete street ac | aaress of the ret | distered agent. |
| Sayre Th | iomas | 770 N. Ashtree, Boise, Idaho 83712 | |
| (Name) | | (Street Address | |
| (| | (====================================== | |
| 1 The | a and address of at lace | t ana mambar a | r manager of the limited liability |
| 4. The ham company | | t one member o | i manager or the inflited liability |
| σοπιραπι | v. <u>Name</u> | | <u>Address</u> |
| Sayre Th | • | 770 N. Ashtree, Boise, Idaho 83712 | |
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| 5. Mailing a | address for future corresp | pondence (annu | al report notices): |
| 770 N. A | Ashtree, Boise, Idaho 83712 | | |
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| e Euturo o | ffactive data of filing (and | tional): | |
| o. ruluie e | ffective date of filing (opt | | |
| | | | |
| Signature o | f a manager, member | or authorized | |
| person. | , 17 | | Secretary of State use only |
| (, | 11111 | | Secretary of State use only |
| Signature | | | IDANO SECRETARY OF STATE |
| Typed Name: Mike Baldner, Attorney | | | 12/05/2014 05:00 |
| > | | | CK:136735 CT:1177 BH:14517 |
| Clanatura | | | 10 100.00 = 100.00 DRGAN LLO |
| | | | _ |
| Typed Name | <u>}</u> : | | 1 1. A. 1 (A) |

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