

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

| | (Instructions on bac | ck of application) | 2010 DEC 10 AM 11: 15 |
|---------------|--|---|--|
| 1. | The name of the limited liability co | ompany is: | SEUNETARY OF STATE STATE OF IDAHO |
| | , | Newport Pier, LLC | |
| 2. | The complete street and mailing a 5514 Lake River Lane Boise, Idaho 83 | | signated/principal office: |
| | (Street Address) | | The transfer of the second sec |
| | (Mailing Address, if different than street address) | | · · · · · · · · · · · · · · · · · · · |
| 3. | The name and complete street address of the registered agent: | | |
| | Frank McDonald | 5514 Lake River Lane Boise, Idaho 83703 | |
| | (Name) | (Street Address) | |
| | The name and address of at least one member or manager of the limited liability company: | | |
| | Name | | ddress |
| | Frank McDonald | 5514 Lake River Lane Bo | iise, Idaho 83703 |
| | | - | ************************************** |
| | | | |
| | | | , |
| | - | | |
| | · | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| 5. | Mailing address for future correspo | ondence (annual report n | otices): |
| | 5514 Lake River Lane Boise, Idaho 83703 | | |
| | | | _ |
| 6. | Future effective date of filing (option | onal): | |
| | | | |
| Sign | ature of a manager, member o | or authorized | |
| pers | on. | / | Secretary of State use only |
| Sian | ature $AJLM()_{-}$ | | obstance of one of the obstance of the obstanc |
| - | ed Name: Frank McDonald | | |
| <i>y</i> 1" " | | | IDAHO SECRETARY OF STATE 12/10/2010 05:00 |
| Sign | ature | | CK: 2150 CT: 241882 BH: 1258435 0 100.00 = 100.00 DRSAN LLC # 2 |
| _ | | | |

W98647

Typed Name: _____