

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

| 1.                                                                                         | The name of the limited liability comp                                                                                                                                                                                                      |         | SECRETARY OF EARLESSTATE OF ICLUST |                                                     |                         |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------|-----------------------------------------------------|-------------------------|
|                                                                                            | PREMIERE SPR                                                                                                                                                                                                                                | С       |                                    | - STATE UT & 13 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |                         |
| 2.                                                                                         | The street address of the initial registered office is:                                                                                                                                                                                     |         |                                    |                                                     |                         |
|                                                                                            | 317 CHURCH STREET, SANDPOINT, IDAHO 83864                                                                                                                                                                                                   |         |                                    |                                                     |                         |
|                                                                                            | and the name of the initial registered agent at the above address is:                                                                                                                                                                       |         |                                    |                                                     |                         |
|                                                                                            | SYDNEY L. GUTTERREZ                                                                                                                                                                                                                         |         |                                    |                                                     |                         |
| 3.                                                                                         | he mailing address for future correspondence is:                                                                                                                                                                                            |         |                                    |                                                     |                         |
|                                                                                            | 317 CHURCH STREET, SANDPOINT, IDAHO 83864                                                                                                                                                                                                   |         |                                    |                                                     |                         |
| 4.                                                                                         | Management of the limited liability company will be vested in:                                                                                                                                                                              |         |                                    |                                                     |                         |
|                                                                                            | Manager(s) or Member(s) XX (please check the appropriate box)                                                                                                                                                                               |         |                                    |                                                     |                         |
| 5.                                                                                         | If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member. |         |                                    |                                                     |                         |
|                                                                                            | Name                                                                                                                                                                                                                                        |         |                                    | Address                                             |                         |
|                                                                                            | Jeffrey M. Breakey                                                                                                                                                                                                                          | P.O. Bc | x 36                               | 5, Sandpoir                                         | nt, ID 83864            |
|                                                                                            |                                                                                                                                                                                                                                             | ıd      |                                    |                                                     |                         |
| Sandpoint, ID 8                                                                            |                                                                                                                                                                                                                                             |         |                                    |                                                     |                         |
|                                                                                            |                                                                                                                                                                                                                                             |         |                                    |                                                     |                         |
|                                                                                            |                                                                                                                                                                                                                                             |         |                                    | ····                                                |                         |
|                                                                                            |                                                                                                                                                                                                                                             |         |                                    |                                                     |                         |
| 6. Signature of at least one person responsible for forming the limited liability company: |                                                                                                                                                                                                                                             |         |                                    |                                                     |                         |
|                                                                                            | Signature: All Breaken                                                                                                                                                                                                                      |         |                                    |                                                     |                         |
| ٦                                                                                          | Typed Name: <u>Jeffrey M. Breake</u>                                                                                                                                                                                                        | - Y     | artsoforganization pe              | Secretary of                                        | State use only          |
| (                                                                                          | Capacity:Member                                                                                                                                                                                                                             |         |                                    |                                                     |                         |
| 5                                                                                          | Signature                                                                                                                                                                                                                                   |         |                                    |                                                     | 10 SECRETARY OF STATE   |
| 7                                                                                          | yped Name:                                                                                                                                                                                                                                  |         | oms/LLC forms/<br>Revised 07/2002  | CK: 4137<br>1 @ 199.6                               | 7 CT: 197351 BH: 939724 |
|                                                                                            | Capacity:                                                                                                                                                                                                                                   |         | copyton                            |                                                     | W47914                  |