EEECTIVE

Capacity: ___

ARTICLES OF ORGANIZATION 2015 MITED LIABILITY COMPANY (Instructions on back of application) 1. The name of the limited liability company is: First Rate Realty, LLC 2. The street address of the initial registered office is: 10673 Halstead #102 Boise, ID 83713 and the name of the initial registered agent at the above address is: **Tony Drost** 3. The mailing address for future correspondence is: 10673 Halstead #102 Boise, ID 83713 4. Management of the limited liability company will be vested in: Manager(s) or Member(s) (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. **Address** Name 10673 Halstead #102 Boise, ID 83713 Tony Drost 6. Signature of at least one person responsible for forming the limited liability company: Signature: Any Secretary of State use only Typed Name: Tony Drost Capacity: MNN AGER Typed Name: _____

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