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| ARTICLES OF ORGANIZATION FILED/EFFECTIVE  |   |   |  |  |  |
|---|---|---|--|--|--|
| ALC: NO   | (Instructions on back of ap   |   |  |  |  |
| 1.  | The name of the limited liability company                                     | STATE OF IDAHO                                |  |  |  |
| 2.  | 2. The street address of the initial registered office is: 355 W. Myrtle #102 |   |  |  |  |
|   | Boise, Idaho 83702 and the name of the initial registered                     |   |  |  |  |
| agent at the above address is: Robert C. Montgomery, Chtd.  |   |   |  |  |  |
| 3. The mailing address for future correspondence : Attn: Kurt Wilkins,  |   |   |  |  |  |
| 391 W. State Street, Suite C, Eagle, Idaho 83616<br>4. Management of the limited liability company will be vested in:   |   |   |  |  |  |
| Manager(s) or Member(s) . (please check the appropriate box)  |   |   |  |  |  |
| <ol> <li>If management is to be vested in one or more manager(s), list the name(s) and address(es) of<br/>at least one initial manager. If management is to be vested in the members, list the name(s) and<br/>address(es) of at least one initial member.<br/><u>Name</u><u>Address</u></li> </ol> |   |   |  |  |  |
|   | Kurt Wilkins  | 391 W. State Street, Suite C, Eagle, ID 83616 |  |  |  |
|   | Michele deReus  | 391 W. State Street, Suite C, Eagle, ID 83616 |  |  |  |
|   |   |   |  |  |  |
|   |   |   |  |  |  |
|   |   |   |  |  |  |
| 6. Signature of at least one person responsible for forming the limited liability company:<br>Signature <u>Robert C. Many</u><br>Typed Name Robert C. Montgomery 322-8865   |   |   |  |  |  |
| Typed Name Robert C. Montgomery 322-8865 Secretary of State use only Capacity Attorney  |   |   |  |  |  |
|   | Signature   | Secretary of State use only                   |  |  |  |
|   | Typed Name  |   |  |  |  |
|   | Capacity  |   |  |  |  |
|   |   |   |  |  |  |