

Signature ____ Typed Name.

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 APR 14 AM 8: \$6 (Instructions on back of application) SECRETARY OF STATE 1. The name of the limited liability company is: NOW LL 2. The complete street and mailing addresses of the initial designated/principal office: 1001 FONTAINE DR., PONDERAY, ID, 83852 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: 4. The name and address of at least one member or manager of the limited liability company: 1001 FOUTHINE OR POWNSEM, 20, PO. BON 975, SANDPOINT, ZD, 83864 5. Mailing address for future correspondence (annual report notices): 1001 FONTAINE DR. PONDERMY, ID, 83852 Future effective date of filing (optional): Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members) Secretary of State use only Signature Typed Name:

IDAHO SECRETARY OF STATE

04/14/2010 05:00

CK: 14852392828 CT: 247832 BH: 1217598

10: 108.80 = 108.80 ORGAN LLC # 2

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