

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application) 1. The name of the limited liability company is: _____Dorian Pondeavors LLC___ 2. The street address of the initial registered office is: __10673 W Halstead Ln, Ste 102, Boise ID 83713______ and the name of the initial registered agent at the above address is: Tony Drost, First Rate Property Management_____ 3. The mailing address for future correspondence is: _____825 Flin Way, Sunnyvale CA 94087_____ 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. Name Address ____825 Flin Way, Sunnyvale CA 94087_____ ___Sherman Pon Family Trust____ 6. Signature of at least one person responsible for forming the limited liability company: signature: Don co-trustee Typed Name: _2004 Don Pon and Barbara Secretary of State use only Sherman Pon Family Trust Capacity: Member Signature Barbara Sherman fon, co-trustee Typed Name: _____ Capacity: _

IDAHO SECRETARY OF STATE 09/13/2005 05:00 CK: 611717 CT: 172099 BH: 911238 1 0 100.00 = 100.00 ORGAN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3

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