

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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| Ø ☆ Q | (Instructions on back or | application) | NOT THE POST |
|--|--|---|--|
| 1. | The name of the limited liability compar Gary Stringham and Associates, LLC | | SECRETARY OF STATE STATE OF IDAHO |
| 2. | The street address of the initial registered office is: 12948 W Woodspring St, Boise, ID 83713 | | |
| | and the name of the initial registered ac Gary G Stringham | gent at the abov | e address is: |
| 3. | The mailing address for future correspondence is: 12948 W Woodspring St, 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. | | | ment is to be vested in the |
| | Name Address | | |
| | Gary G Stringham | 12948 W Woo | dspring St, Boise, ID 83713 |
| 6. | Signature of at least one person responsible for forming the limited liability company: Signature: Secretary of State use only Typed Name: Capacity: Manager IDANG SECRETARY OF STATE 29/29/29/2004 Secretary OF STATE 29/29/2004 Secretary OF STATE 29/29/2004 Secretary OF STATE 29/29/2004 | | |
| | Signature Typed Name: Capacity: | 9 \corpvtoms\l. C. forms\artscronganization p05 | CK: NO CK # CT: 182851 BH: 76538 1 9 100.00 = 100.08 ORGAN LLC # |