CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 AUG 16 AM 8: 48

| | (Instructions on bac | ck of application) | OCCUPATION AND SELF |
|----------------|---|-----------------------------------|--|
| 1. The r | he name of the limited liability company is: Alan Associates LLC | | SECRETARY OF STATE STATE OF IDAHO |
| | | | |
| 1211 (Stree | complete street and mailing a I Michigan Suite B Sandpoint, ID 83 t Address) ng Address, if different than street address) | 3864 | nated office: |
| | name and complete street ad | | nt: |
| Glen | n Peterson | 1211 Michigan Suite B Sand | point, ID 83864 |
| (Name | e) | (Street Address) | |
| 4. The r | - | one member or manager of | f the limited liability |
| Olam | <u>Name</u> n Peterson | Add 1211 Michigan Suite B Sand | |
| | · | | |
| 1211 | ng address for future correspondichigan Suite B Sandpoint, ID 83 | 3864 | |
| | e effective date of filing (options of a manager, member of | | 100 |
| erson. | | | |
| Signature | | s | ecretary of State use only |
| | | | |
| _ | me: Glenn Peterson | | |
| Гуреd Na | me: Glenn Peterson | | IDAHO SECRETARY OF STATE 38/16/2013 05:00 |

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