

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

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|--|---|
| LIMITEDL   | OF ORGANIZATION TO THE SAME OF THE PARTY OF |
| (Instruction   | ons on back of application)   |
| The name of the limited lia<br>Bullion Square, LLC                                     | ability company is:   |
| The street address of the i  | initial registered office is:   |
| 291 North Main Street, k   | Ketchum, Idaho 83340  |
| and the name of the initial of the Sofro   | registered agent at the above address is:   |
| The mailing address for fut  | ure correspondence is:  |
| P.O. Box 673, Ketchum,   |   |
| fanagement of the limited  | liability company will be vested in:  |
| lanager(s) 🔽 or Memb   |   |
| BOOress(es) or at least one  | ted in one or more manager(s), list the name(s) and   |
| nember(s), list the name(s)  | initial manager. If management is to be vested in the and address(es) of at least one initial member.   |
| Vame   | initial manager. If management is to be vested in the ) and address(es) of at least one initial member.   |
| Name   | initial manager. If management is to be vested in the and address(es) of at least one initial member.   |
| John Sofro   | And address(es) of at least one initial member.  And address  P.O. Box 673, Ketchum, Idaho 83340  |
| John Sofro  Signature of at least one pers   | And address(es) of at least one initial member.  P.O. Box 673, Ketchum, Idaho 83340  Sonresponsible for forming the limited liability company:  |
| John Sofro  John Sofro  gnature:  ped Name: John Sofro  pacity: Manager                | And address(es) of at least one initial member.  P.O. Box 673, Ketchum, Idaho 83340  Sonresponsible for forming the limited liability company:  |
| John Sofro  gnature of at least one personature:  ped Name: John Sofro pacity: Manager | And address(es) of at least one initial member.  And Address(es) of at least one initial member.  P.O. Box 673, Ketchum, Idaho 83340  Soortesponsible for forming the limited liability company:  Secretary of State use only   |

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