

|                     |   | For Office Use Only              |  |
|---------------------|---|----------------------------------|--|
| ß                   | CERTIFICATE OF ORGANIZATION   | -FILED-                          |  |
| 0<br>II             |   | File #: 0005574658               |  |
| E B.                | Title 30, Chapters 21 and 25, Idaho Code  | Date Filed: 1/19/2024 1:21:00 PM |  |
|                     | Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).   |                                  |  |
|                     |   |                                  |  |
| 1.                  | The name of the limited liability company is:   |                                  |  |
|                     | (Remember to include the words "Limited Liability Company," "Limited Company, "or the abbreviations L.L.C., LLC, or LC) |                                  |  |
| 2.                  | The complete street and mailing addresses of the principal office is:   |                                  |  |
| 8615 -W-Vincent ST. |   |                                  |  |
|                     | Boise Id. 83709   |                                  |  |
|                     | (Mailing Address, if different)   |                                  |  |
| 3.                  | The name and complete street address of the registered agent:   |                                  |  |
|                     | (Name) (Address) 8615-L- Vincent of Boiling (1.83)05  |                                  |  |
|                     |   |                                  |  |
| 4.                  | The name and address of at least one governor of the limited liability company:   |                                  |  |
|                     | (Name) (Address) (Address)  |                                  |  |
|                     |   |                                  |  |
|                     | (Name) (Address)  |                                  |  |
|                     |   |                                  |  |
|                     | (Name) (Address)  |                                  |  |
|                     |   |                                  |  |
|                     | (Name) (Address)  |                                  |  |
| 5.                  | Mailing address for future correspondence (annual report notices):  |                                  |  |
|                     | 8615 W-Vincent ST Brise Tol: 83709  |                                  |  |
|                     | (Mailing Address)   |                                  |  |
| Sign                | ature of organizer(s).  |                                  |  |
| Print               | ted Name: FORTON BALLESTEROS Secr   | etary of State use only          |  |
|                     | J-A. R MAL  |                                  |  |
| Sign                | ature: Telleston  |                                  |  |
| Print               | ted Name:   |                                  |  |
|                     |   |                                  |  |
| Sign                | ature:  |                                  |  |