

Capacity: _____

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY 2:00:10.420 P.1 1:26

FILED EFFECTIVE

(Instructions on back of application) STATE OF DAME 1. The name of the limited liability company is: J. DUNBAR, LLC 2. The street address of the initial registered office is: 440 East Avenue North, Bldg. C, Ketchum, ID 83340 and the name of the initial registered agent at the above address is: Janet Dunbar 3. The mailing address for future correspondence is: P.O. Box 204, Sun Valley, ID 83353-0204 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. Address Name P.O. Box 204, Sun Valley, ID 83353-0204 Janet Dunbar 6. Signature of at least one person responsible for forming the limited liability company: Signature: Janet Dunbar Secretary of State use only Typed Name: Janet Dunbar Capacity: Member Signature _____ Typed Name: _____

IDAHO SECRETARY OF STATE

03/20/2006 05:00

CK: 6634 CT: 2204 BH: 944451
1 @ 100.00 = 100.00 ORGAN LLC # 2

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