

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY (Instructions on back of application) 1. The name of the limited liability company is: OVERLAND 1805-2716 PROPERTY INVESTMENTS, LLC 2. The street address of the initial registered office is: 355 West Myrtle, Ste 102, Boise, ID 83702 and the name of the initial registered agent at the above address is: Capitol Corporate Services, Inc. 3. The mailing address for future correspondence is: 355 West Myrtle, Ste 102, Boise, ID 83702 4. Management of the limited liability company will be vested in: Manager(s) or Member(s) with 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. Name Address The Principal Partners, LP 4535 W. Sahara Ave., Ste. 200 Las Vegas, NV 89102 6. Signature Alan Russell Capacity: Signature 1996 Name: Alan Russell Capacity: Signature 1996 Name: Alan Russell Capacity: 1996 Name: 1996 N					
OVERLAND 1805-2716 PROPERTY INVESTMENTS, LLC 2. The street address of the initial registered office is: 355 West Myrtle, Ste 102, Boise, ID 83702 and the name of the initial registered agent at the above address is: Capitol Corporate Services, Inc. 3. The mailing address for future correspondence is: 355 West Myrtle, Ste 102, Boise, ID 83702 4. Management of the limited liability company will be vested in: Manager(s)		COMA I		SHEET OF THE SHEET	
OVERLAND 1805-2716 PROPERTY INVESTMENTS, LLC 2. The street address of the initial registered office is: 355 West Myrtle, Ste 102, Boise, ID 83702 and the name of the initial registered agent at the above address is: Capitol Corporate Services, Inc. 3. The mailing address for future correspondence is: 355 West Myrtle, Ste 102, Boise, ID 83702 4. Management of the limited liability company will be vested in: Manager(s)		(Instructions on back	of application)		
2. The street address of the initial registered office is: 355 West Myrtle, Ste 102, Boise, ID 83702 and the name of the initial registered agent at the above address is: Capitol Corporate Services, Inc. 3. The mailing address for future correspondence is: 355 West Myrtle, Ste 102, Boise, ID 83702 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. Name Address The Principal Partners, LP 4535 W. Sahara Ave., Ste. 200 Las Vegas, NV 89102 6. Signature of at least one person responsible for forming the limited liability company: Signature: Signature Alan Russell Capacity: Secretary of State use only Typed Name: Secretary of State use only Tiphed Name: Static List Static Register Static Re	1.	The name of the limited liability comp	any is:		
and the name of the initial registered agent at the above address is: Capitol Corporate Services, Inc. 3. The mailing address for future correspondence is: 355 West Myrtle, Ste 102, Boise, ID 83702 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. Name		OVERLAND 1805-2716 PROPERT	Y INVESTMENTS, LL	C	
and the name of the initial registered agent at the above address is: Capitol Corporate Services, Inc. 3. The mailing address for future correspondence is: 355 West Myrtle, Ste 102, Boise, ID 83702 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. Name Address The Principal Partners, LP 4535 W. Sahara Ave., Ste. 200 Las Vegas, NV 89102 6. Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: Alan Russell Capacity: Signature	2. The street address of the initial registered office is:				
Capitol Corporate Services, Inc. 3. The mailing address for future correspondence is: 355 West Myrtle, Ste 102, Boise, ID 83702 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. Name					
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. Name					
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. Name Address The Principal Partners, LP 4535 W. Sahara Ave., Ste. 200 Las Vegas, NV 89102 6. Signature of at least one petton responsible for forming the limited liability company: Signature: Typed Name: Alan Russell Capacity: Signature Typed Name: IDAHO SECRETARY OF STATE 7924 ORD Japane Secretary OF STATE 79428 OF 5 50 5 50 5 50 5 50 5 50 5 50 5 50 5	3.				
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. Name Address The Principal Partners, LP 4535 W. Sahara Ave., Ste. 200 Las Vegas, NV 89102 6. Signature of at least one petton responsible for forming the limited liability company: Signature: Typed Name: Alan Russell Capacity: Signature Typed Name: IDAHO SECRETARY OF STATE 7924 ORD Japane Secretary OF STATE 79428 OF 5 50 5 50 5 50 5 50 5 50 5 50 5 50 5	4.	4. Management of the limited liability company will be vested in:			
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. Name Address The Principal Partners, LP 4535 W. Sahara Ave., Ste. 200 Las Vegas, NV 89102 6. Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: Alan Russell Capacity: Signature Typed Name: IDAHO SECRETARY OF STATE 786/19/2005 05:00 Tiped Name: With the name(s) and address(es) of at least one initial member. Address Address Secretary of State use only IDAHO SECRETARY OF STATE 786/19/2005 05:00 CK: 5461 CT: 161541 BH: 997289				e box)	
The Principal Partners, LP 4535 W. Sahara Ave., Ste. 200 Las Vegas, NV 89102 6. Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: Alan Russell Capacity: Signature Typed Name: IDAHO SECRETARY OF STATE 98/19/2005 05:200 CK: 5461 CT: 161541 BH: 997289	5.	address(es) of at least one initial manager. If management is to be vested in the			
6. Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: Signature Signature Typed Name: Signature Sign		Name		Address	
Las Vegas, NV 89102 6. Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: Alan Russell Capacity: Signature Typed Name: IDAHO SECRETARY OF STATE Typed Name: OB/19/2005 05:00 CK: 5461 CT: 161541 BH: 907289		The Principal Partners, LP	4535 W. Sahara Ave.,	Ste. 200	
6. Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: Alan Russell Capacity: Signature Signature Typed Name:					
Signature: Secretary of State use only Typed Name: Signature Sign					
Signature: Secretary of State use only Typed Name: Alan Russell Signature					
Signature: Secretary of State use only Typed Name: Alan Russell Signature					
Signature: Secretary of State use only Typed Name: Alan Russell Signature		,	71		
Typed Name: Alan Russell Capacity:		Signature of at least one person respon	sible for forming the lir	nited liability company:	
Capacity: Signature		Signature: /// Y Mush No Signature: Alan Russell	992	Secretary of State use only	
Signature			anization		
Signature			Sartsoforg		
Canacity: CK: 5461 CT: 161541 BH: 907289	5	Signature	LC forms 107/2002		
	(yped Name: Capacity:	ptomstl. Revisec	CK: 5461 CT: 161541 BH: 907289	

W42137