

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2012 NOV 13 AM 9: 30

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13 AM 9: 30

| VIEW V | (Instructions on back | of application) |
|--------|--|---|
| 1. | The name of the limited liability cor | mpany is: SECRETARY OF STATE STATE OF IDAHO |
| 2. | 104 S State Street, Preston, ID 83263 | dresses of the initial designated office: |
| | (Street Address) PO Box 127, Preston, ID 83263 (Mailing Address, if different than street address) | |
| 3. | The name and complete street address of the registered agent: | |
| | Shelly Spackman | 104 S State Street, Preston, ID 83263 |
| | (Name) | (Street Address) |
| 4. | The name and address of at least one member or manager of the limited liability company: | |
| | <u>Name</u> Shelly Spackman | Address PO Box 127, Preston, ID 83263 |
| | | |
| 5. | Mailing address for future correspondence (annual report notices): PO Box 127, Preston, ID 83263 | |
| 6. | Future effective date of filing (optional): | |
| Sigr | ature of a manager, member or on. | authorized |
| | $\mathbf{S} = \mathbf{I}$ | Secretary of State use only |
| _ | ature Thursday | |
| Тур | ed Name. Shelly Spatistinan | |
| Sign | ature | IDAHO SECRETARY OF STATE |

11/13/2012 05:00 CK: 26190 CT: 276131 BH: 1347272 1 0 100.00 = 100.00 ORGAN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3

Typed Name: