

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY 2015 HAY 28 AM 8: 18

(Instructions on back of application)

		SECRETARY OF STATE STATE OF IDAHO
The name of the limited liability cor	mpany is:	STATE OF IDAHO
Timberview Co, LLC		
The complete street and mailing ad	ldresses of the init	ial designated office:
(Street Address) 111 Main Street Suite 301 Lewiston ID 8 (Mailing Address, if different than street address)	3501	
3. The name and complete street add	ress of the registe	red agent:
Gabrielle Huguenin	217 Cedar Street Suite 108 Sandpoint ID 83864	
(Name)	(Street Address)	
 The name and address of at least of company: Name 	one member or ma	nager of the limited liability Address
Vision Holdings, LLC	1712 Pigneer Avenue Suite 101 WY 82001Cheyenne	
 Mailing address for future corresports 111 Main Street Lewiston ID 83501 	ndence (annual re	port notices):
6. Future effective date of filing (option	nal):	
ignature of a manager, member o		
ignature of a manager, member or erson.	r authorized	Secretary of State use only
Signature of a manager, member or person.	r authorized	IDAHO SECRETARY OF STATE 05/28/2015 05:00 CK:1087 CT:310722 BH:14773
6. Future effective date of filing (option Signature of a manager, member of person. Signature Gabrielle Huguerin Signature	r authorized	IDANO SECRETARY OF STATE 05/28/2015 05:00

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