

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

06 APR 24 PM 1:57

(Instructions on back of application)

| 35 | (Instructions on back of | application) | SECREMAN OF STATE |
|---|--|---------------------------------|--|
| The name | of the limited liability compa | ny is: | State of Idaho |
| Pioneer F | Exchange Accommodation 1 | Γitleholder #134, LLC | |
| The street | address of the initial register | red office is: | |
| | ericana Boulevard, Suite 120 | | |
| | ame of the initial registered a | | ss is: |
| Jesse Ha | | | |
| | ng address for future correspo | ondence is: | |
| | ericana Boulevard, Suite 120 | | |
| | | | |
| . Managem | nent of the limited liability com | | havl |
| Manager(| (s) or Member(s) | (please check the appropriate | uux; |
| 1.1 | ement is to be vested in one c es) of at least one initial mana s), list the name(s) and addre | ager if management is t | O De Aegred in the |
| | Name | | Address |
| D ' | - 4034 Company | 703 Americana Blvd. # | 120, Boise, Idaho 83702 |
| Ploneel | 1031 Company | | |
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| 6 Signatur | e of at least one person resp | onsible for forming the li | mited liability company: |
| | e of at least one person resp | | mited liability company: |
| Signature | e: | | |
| Signature | // // // | | |
| Signature Typed Na Capacity: | e: | | |
| Signature Typed Na Capacity: Signature | e: | | Secretary of State use only IDAHO SECRETARY 0 |
| Signature Typed Na Capacity: Signature Typed Na | e: | LC formstartsoforganization p65 | Secretary of State use only |

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