

## ARTICLES OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 07 AUG -8 PM 12: 50

(Instructions on back of application)

| معت      | \   |                   | SECRETARY OF STATE   |
|----------|---|-------------------|--|
| The nan  | ne of the limited liability compa   | any is:           | STATE OF IDAHO   |
| BNI N    | otes, LLC   |                   |  |
| The stre | et address of the initial registe   | ered office is:   |  |
| 1059     | E. Iron Eagle Drive Suite 155   | Eagle, Id. 83616  | 3  |
|          | name of the initial registered a  |                   |  |
|          | Darnall   |                   |  |
| . The ma | iling address for future corresp  | ondence is:       |  |
| 1059     | E. Iron Eagle Drive Suite 155   | Eagle, Id. 8361   | 6  |
|          | ement of the limited liability co   |                   |  |
|          | er(s) or Member(s)  |                   | •  |
|          | agement is to be vested in one<br>is(es) of at least one initial mar<br>er(s), list the name(s) and add |                   |  |
| •••      | Name  |                   | Address  |
|          |   | 1059 E. Iron I    | Eagle Drive Suite 155 Eagle, Id.                               |
| BM       | Equities, LLC.  |                   |  |
|          |   |                   |  |
|          |   |                   |  |
|          |   |                   |  |
|          |   | - :               |  |
|          |   | -                 |  |
|          | f . A loost one nerson res  | nonsible for form | ning the limited liability company:                            |
|          |   |                   | Secretary of State use only                                    |
| Signa    | Name Jerry Darnall  |                   | Vasu   |
| Capa     | city: Plesident   |                   |  |
| •        | - <del>-</del>  |                   | IDAHO SECRETARY 0  |
|          | ture  |                   | 28 28 28 2927<br>CK: 1239645 CT: 172899<br>1 1 182.98 = 100.80 |
| • •      | Name:   |                   | Rewi-  |
| Capa     | city:   |                   | S : Web Form   |