CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2013 AUG 21 PM 1:31 (Instructions on back of application) 1. The name of the limited liability company is: SEGEDARY OF STATE orelle (afe' LLC STATE OF IDAHO 2. The complete street and mailing addresses of the initial designated office: minund Dr. (Daurd Mune, 12 32 (Street Address) (Mailing Address, if different than street address) la The name and complete street address of the registered agent: (Street Address) Maladold, 83810 4. The name and address of at least one member or manager of the limited liability company: ______ ZUUUT Dovie Road (Waldo _______ Dovie Road (Waldo Name Address 5. Mailing address for future correspondence (annual report notices): sile Road Cataldo 1 d 83810 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature (Typed Name: (Maluchini IDAHO SECRETARY OF STATE /2013 CT: 282160 Signature 2006 LUCHINI Typed Name: W128357 cert_org_llc Rev. 07/2010 9/21/2012

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