

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

06 AUG 16 PM 3: 04

| SECRETARY OF STATE STATE OF IDAHO | |
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| name(s) and e vested in the member. | |
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| 600, Boise, ID 83702 | |
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| i. | The name of the limited liability company is: STATE OF IDAHO |
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| | ID-Trust, LLC |
| 2. | The street address of the initial registered office is: |
| | 199 North Capitol Boulevard, Suite 600, Boise, Idaho 83702 |
| | and the name of the initial registered agent at the above address is: |
| | Teresa Keef |
| 3. | The mailing address for future correspondence is: |
| | 199 North Capitol Boulevard, Suite 600, Boise, Idaho 83702 |
| ١. | Management of the limited liability company will be vested in: |
| . • | Manager(s) or Member(s) (please check the appropriate box) |
| | |
| 5. | If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member. |
| | Name Address |
| | RB. LLC 199 N. Capitol Blvd., Ste. 600, Boise, ID 83702 |
| | RB, LLC 199 N. Capitol Bivd., Ste. 600, Bolse, 10 607 62 |
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| _ | full and an accompany; the limited liability company; |
| 6 | Signature of at least one person responsible for forming the limited liability company: |
| 6 | Signature: Secretary of State use only |
| 6 | Signature: Secretary of State use only Typed Name: Teresa Keef |
| 6 | Signature: Secretary of State use only Typed Name: Teresa Keef Capacity: Organizer |
| 6 | Signature: Secretary of State use only Typed Name: Teresa Keef Capacity: Organizer |
| 6 | Signature: Secretary of State use only Typed Name: Teresa Keef Capacity: Organizer |

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