

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 MAY 14 AM 8: 13

(Instructions on back of application) 1. The name of the limited liability company is: MK Williams Investments, L.L.C. The complete street and mailing addresses of the initial designated/principal office: 114 E. Spring Street, Cascade, Idaho, 83611 (Street Address) P.O. Box 438, Cascade, Idaho, 83611 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Matthew C. Williams 119 Bogie Drive, Cascade, Idaho, 83611 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name P.O. Box 438, 119 Bogie Dr., Cascade, Idaho 83611 Matthew C. Williams Katrina M. Williams P.O. Box 438, 119 Bogie Dr., Cascade, Idaho 83611 Mailing address for future correspondence (annual report notices): Cascade, 6. Future effective date of filing (optional): _ Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members). Secretary of State use only Signature ___ Matthew C. Williams Typed Name: ___ W 83958 Signature Watrung LM, Wille

Katrina M. Williams

Typed Name: _____