

| CERTIFICATE OF ORGANIZATION FILED EFFECT   | TIVE              |
|--|-------------------|
| (Instructions on back of application)  (Instructions on b | LC                |
| 3. The name and complete street address of the registered agent:  Kathryn E. Dahlstrom 3203 E. South Pass Ct Boix (Name) (Street Address)  | <u>. (</u> 0837)1 |
| 4. The name and address of at least one member or manager of the limited liability company:    Name   Address  |                   |
| 5. Mailing address for future correspondence (annual report notices):  3203 E. South Pass Ct. Boise 10 837-10  6. Future effective date of filing (optional):  Signature of a manager, member or authorized  |                   |
| Signature Secretary of State use only  Typed Name: Jay M. Dallstrom  05/22/2014 05   |                   |

Signature Kathnyn E. Dahlstrom
Typed Name: Kathnyn E. Dahlstrom

CK:103 CT:297164 BH:1425880 16 100.00 = 100.00 ORGAN LLC #2

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