10:35AM

Typed Name: __

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

| 1. | The name of the limited liability company is | ; | SECRETARY OF STATE STATE OF IDAHO |
|--------------------------|---|--|---|
| | DesignWorks of I | Pocatel | lo LLC |
| 2. | The complete street and mailing addresses of the initial designated/principal office: | | |
| | 330 South 4th Avenue, Pocatello, ID 83204 | | |
| | (Street Address) 771 Cherry Street, Po | catello, | ID 83201 |
| | (Mailing Address, if different than street address) | • | |
| 3. | The name and complete street address of the | e regis | tered agent: |
| | Ryan Downs | 771 Ch | erry Street, Pocatello, ID 83201 |
| | (Name) (Street Ac | idress) | |
| 4. | The name and address of at least one member company. Name | er or I | manager of the limited liability Address |
| | Ryan Downs | 771 Ch | erry Street, Pocatello, ID 83201 |
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| 5. | Mailing address for future correspondence (a | | |
| | | | |
| 6. | Future effective date of filing (optional): | | |
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| | nature of organizer(s), (An organizer is a member, (ng in behalf of a member or members). | or is | |
| quill | ing in beigh of a member of monthoney. | ą | Secretary of State use only |
| Sig | nature R | TALC SEPRETARY CO. IL PIND | |
| Typed Name: Ryan Downs 8 | | | |
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| Sig | nature | | § |