

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2006 APR -3 PM 1:36

| 1. | The name of the limited liability comp | any is: | SECRETARY OF STATE STATE OF DIAHO |
|----|---|------------------------------|--------------------------------------|
| | Valhaila Folkvang, LLC | | Sible Or 12." |
| 2. | The street address of the initial registered office is: | | |
| | 260 West Sun Valley Rd # 7, Ketchum ID 83340 | | |
| | and the name of the initial registered agent at the above address is: | | |
| | Maya JB Burrell | | |
| 3. | The mailing address for future correspondence is: | | |
| | PO Box 5379 Ketchum ID 83340 | | |
| 4. | 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 |
| | Maya JB Burreli | PO Box 5379 Ketchum | ID 83340 |
| | Imani Nordine Burrell | PO Box 5379 Ketchum ID 83340 | |
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| ნ. | Signature of at least one person resp | onsible for forming the lim | ited liability company: |
| | Signature: | ₹ . | Secretary of State use only |
| | Typed Name: Maya JB Burrell | | |
| | Capacity: Chief Executive Officer | negota | |
| | Signature Imani Vordine | will | |
| | Typed Name: Imani Nordine Byrrell | Amas and C | IDAHO SECRETARY OF |
| | Capacity: President | | CK: 307 CT: 179036 B |

CK: 307 CT: 179036 BH: 947018 1 0 100.00 = 100.00 ORGAN LLC # 2

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