

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

SECHE OF STATE STATE OF IDAHO

| 1. | The name of the limited liability compa | any is: | STATE OF ÎDA HO" |
|----|---|---|--|
| | Property Pro, LLC | | · · · · · · · · · · · · · · · · · · · |
| 2. | The street address of the initial registered office is: 10270 Shiloh Dr., Boise, ID 83704 | | |
| | and the name of the initial registered a | agent at the abo | ove address is: |
| 3. | The mailing address for future correspondence is: 10270 Shiloh Dr., Boise, ID 83704 | | |
| 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 10270 Shiloh Dr., Boise, ID 83704 10270 Shiloh Dr., Boise, ID 83704 | |
| | Frank Root | | |
| | Darlene Root | | |
| | | | |
| • | | anaible for far- | sing the limited liability company: |
| | Signature of at least one person responsible for forming the limited liability company: Signature: Secretary of State use only | | |
| | Typed Name: Frank Root | | Secretary of State use only |
| | Capacity: President | yarızatı | |
| | Signature <u>Arkent For</u> Typed Name: <u>Darlene Root</u> | Pytoms/LC forms/articoforgan/zation p65 | IDAHO SECRETARY OF STATE ### ### ### ######################## |
| | Capacity Vice President | - Implydi | 1 1 100.00 = 100.00 ORGAN LLC |

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