Typed Name: _____

Capacity: __



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application) STATE OF IDAHO 1. The name of the limited liability company is: Weir Enterprises, LLC 2. The street address of the initial registered office is: 9285 E. Howard Road, Athol, ID 83801 and the name of the initial registered agent at the above address is: Michael Weir 3. The mailing address for future correspondence is: 9285 E. Howard Road, Athol, ID 83801 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. Address Name 9285 E HOWARD RD, ATHOL ID 83801 MICHAEL WEIR 9285 E HOWARD RD, ATHOL ID 83801 SUZANNE WEIR 6. Signature of at least one person responsible for forming the limited liability company: Signature: / Weller Secretary of State use only Typed Name: Michael Weir Capacity: Member Signature _____

> IDAHO SECRETARY OF STATE 05/31/2006 05:00 CK: 817811 CT: 172899 BH: 957386