

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

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|-------------|---|---|--|
| 1. | The name of the limited liability comp | pany is: | DAHO |
| | JLC Consulting Services LLC | | 10 M M |
| 2. | The street address of the initial registered office is: | | |
| | 2679 West 49 South Idaho Falls, Idaho 83402 | | |
| | and the name of the initial registered Janet Carlson | agent at the above add | lress is: |
| 3. | The mailing address for future correspondence is: | | |
| | 2679 West 49 South Idaho Falls, Idaho 83402 | | |
| 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) or 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 | |
| | Janet Carlson | 2679 West 49 South Idaho Falls, Idaho 83402 | |
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| 6. | Signature of at least one person response | onsible for forming the l | imited liability company: |
| | Signature of at least one person responsion | Α . | • • • |
| \$ | | Α . | imited liability company: Secretary of State use only |
| - | Signature: <u>ant als</u> | Α . | • • • |
| - | Signature: | Α . | Secretary of State use only |
| ; - (| Signature: | Clorins iartisoforganization, p.6.5 | • • • |