|    |  | FILED EFFECTIVE   |
|----|--|---|
|    | ARTICLES OF ORC<br>LIMITED LIABILIT<br>(Instructions on back of  |   |
| 1. | The name of the limited liability compa<br>Water Resources Field Services LLC  | OTATE OF 19 14 10   |
| 2. | The street address of the initial registe 5165 E Owens Ave, Iona ID 83427  | red office is:  |
|    | and the name of the initial registered a Bryce A. Contor   | gent at the above address is:   |
| 3. | The mailing address for future corresp<br>PO Box 94, Iona ID 83427   | ondence is:   |
| 4. | Management of the limited liability con<br>Manager(s) 📝 or Member(s) 🛄   |   |
| 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.  |   |
|    | member(s), list the name(s) and addre  | ess(es) of at least one initial member.   |
|    | Name<br>Bryce A. Contor  | Address (es) of at least one initial member.<br>Address<br>PO Box 94, Iona ID 83427 |
|    | Name   | Address   |
|    | Name Bryce A. Contor Signature of at least one person responsed Signature:   | Address PO Box 94, Iona ID 83427  |
|    | Name Bryce A. Contor Signature of at least one person respondence of at least one pers | Address PO Box 94, Iona ID 83427  |
|    | Name         Bryce A. Contor   | Address PO Box 94, Iona ID 83427  |