FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION

| 2015 FEB 10 | PH 4: 1 |
|-----------------------|----------|
| SECRETARY STATE OF | OF STATE |

| | FED LIABILI * nstructions on back | | | SECRETARY OF STATE OF IDAHO |
|--|---|---|---------------------------------|---|
| 1. The name of the | e limited liability cor | mpany is: | | |
| SUNSI JV LLC | | | | |
| 2. The complete st 305 N 3rd Avenue (Street Address) | reet and mailing ad e, Suite B Pocatello, ID | | initial designated | office: |
| (Mailing Address, if dif | larent then street address) | | | |
| 3. The name and o | omplete street add | ress of the regi | stered agent: | |
| September Myres | | 305 N 3rd Avenue, Suite B Pocatello, ID 83201 | | |
| (Name) | · · · · · · · · · · · · · · · · · · | (Street Address) | (Street Address) | |
| company: | ddress of at least o | ne member or | manager of the li | mited liability |
| | , Managing Member | 305 N 3rd Ave | Angress nue, Suite B Pocatel | lo. ID 83201 |
| | | | | |
| | for future correspor , Suite B Pocatello, ID | - | l report natices): | |
| 6. Future effective | date of filing (option | ıal): | | |
| Signature of a mar person. | nager, member or | authorized | | |
| | | Γ | Secretary | of State use only |
| ignature <u>Septe</u> yped Name: <u>Septer</u> | moir Myris | | | |
| yped Name: Septer | nber Myres, Managing | Member | 02 | O SECRETARY OF STAT /10/2015 05:00 /O CT:172099 BH: |
| idnatura | | • | UA. ZUNGI | O CITICAN PH: |

Typed Name:

cert_org_lic Rev. 07/2010

was every transfer surespondence (annual report notices):

10 100.00 = 100.00 ORGAN LLC #2 16 20.00 = 20.00 EXPEDITE C #3

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