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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2010 JUL 16 PM 2:03

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Olive, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

1000 Northwest Blvd, Coeur d'Alene, ID 83814

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Donald R. Smock

(Name)

1000 Northwest Blvd, Coeur d'Alene, ID 83814

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Donald R. Smock

1000 Northwest Blvd, Coeur d'Alene, ID 83814

5. Mailing address for future correspondence (annual report notices):

Olive, c/o Donald Smock, 1000 Northwest Blvd. Coeur d'Alene, ID 83814

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature D. Smock

Typed Name: Donald R. Smock

Secretary of State use only

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE
07/16/2010 05:00
CK: 478129 CT: 172099 BH: 1231916
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