

| 6/1 | AI<br>LI   | RTICLES OF C  | RGA<br>ITY    | ANIZA<br>COMP          | TION<br>PANY           | FILEC'EFFECTI  OO DEC-1 AM 10: 09  STATE OF OF                 |
|-----|--|---|---------------|------------------------|------------------------|--|
| 3   | 1 S  | ARTICLES OF ORGANIZATION FILE SEFFECT  (Instructions on back of application)  (Instructions on back of application) |               |                        |                        |  |
|     | The name of the  | limited liability compar  | ıy is: _      | 5H. L.I                |                        | STATE OF TOAHO   |
|     | The address of th  | e initial registered offic  |               |                        |                        | e West, Gooding ID   |
|     | agent at that address is: Craig D. Hobdey  |   |               |                        |                        |  |
|     |  | tered agent :   | Mul           | 2 Nobb                 | ey                     |  |
|     |  |   | /             |                        | •                      |  |
|     | Is management o  | f the limited liability col   | mpany<br>X No | vested in<br>(check ap | a mana<br>propriate bo | ger or managers?<br>×)   |
| 4.  | If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one initial member.  Name:  Address: |   |               |                        |                        |  |
|     |  | _   | P. (          | O. Box                 | 176, G                 | ooding, ID 83330   |
|     | Craig D. Hobo  | rey   | <del></del>   |                        |                        |  |
|     |  |   | <del></del>   |                        |                        |  |
|     |  |   | <u> </u>      |                        | <u> </u>               |  |
|     |  |   |               |                        |                        |  |
|     |  |   | <del>-</del>  |                        |                        |  |
|     |  |   | <u></u>       |                        |                        |  |
| 5.  | Signature of at lea  | ast one person listed i   | า #4 ab       | ove:                   |                        |  |
|     | 1 1100   | 1101  |               |                        |                        |  |
|     |  | Maray   |               |                        |                        |  |
|     |  |   |               |                        | ·-·                    | Secretary of State use only IDAHO SECRETARY OF STATE           |
|     |  |   |               | Revised 6/97           |                        | 2/61/2600 69:60  |
|     |  |   |               | ľ                      |                        | K: 179 CT: 83399 BH: 364165<br>& 198.80 = 188.88 ORGAN LLC # 2 |
|     |  |   |               | TC::p65                | •                      | and an animal FFA H F  |

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