

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2812 APR 20 AM 10: 02

SECAL TAKE I

(Instructions on back of application) STATE OF WARD 1. The name of the limited liability company is: FPWL II LLC 2. The complete street and mailing addresses of the initial designated office: 540 2nd Avenue North, Suite 101, Ketchum, Idaho 83340 (Street Address) PO Box 1271, Ketchum, Idaho 83340 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Michael Page 540 2nd Ave. North, Suite 101, Ketchum, Idaho 83340 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address FPWM LLC 540 2nd Ave. North, Suite 101, Ketchum, Idaho 83340 5. Mailing address for future correspondence (annual report notices): PO Box 1271 , Ketchum, Idaho 83340 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature ___ Typed Name: Michael Page Signature _ Typed Name: _____

IDAHO SECRETARY OF STATE CK: 969178 CT: 172699 BH: 1320579 1 9 100.00 = 100.00 ORGAN LLC # 10 1 9 20.00 = 20.00 EXPEDITE C # 11

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