ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY (Instructions on back of application) NATE OF IDAMO (Instructions of applications of application) NATE OF IDAMO (Instru

FILED EFFECTIVE

| | · DY MO |
|---|--|
| The name of the limited liability comp | pany is: |
| | |
| he street address of the initial regis | stered office is: |
| 215 So. 4th, Montpelier, Idaho 832 | 254 |
| and the name of the initial registered | d agent at the above address is: |
| Robert J. Timothy | |
| The mailing address for future come | spondence is: |
| 215 So. 4th, Montpelier, Idaho 833 | 254 |
| Management of the limited liability of | company will be vested in: |
| Manager(s) or Member(s) | (please check the appropriate box) |
| | ne or more manager(s), list the name(s) and anager. If management is to be vested in the idress(es) of at least one initial member. Address |
| | |
| | 215 So. 4th, Montpelier, Idaho 83254 |
| Robert J. Timothy | 215 So. 4th, Montpelier, Idaho 83254 |
| | |
| | |
| , | |
| | |
| Robert J. Timothy | |
| Robert J. Timothy Signature of at least one person re | esponsible for forming the limited liability company |
| Signature of at least one person resignature: Typed Name: Robert J. Timothy | esponsible for forming the limited liability company |
| Signature of at least one person re | esponsible for forming the limited liability company |
| Signature of at least one person resignature: Typed Name: Robert J. Timothy Capacity: Designated Manager | esponsible for forming the limited liability company |
| Signature of at least one person resignature: Typed Name: Robert J. Timothy | esponsible for forming the limited liability company Secretary of State use only IDANO SECRETARY 03/28/2995 |

W 37929