

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

| | (Instructions on back of application) 2004 AUS 20 A 9: 18 |
|----|--|
| 1. | The name of the limited liability company is: Survise Construction L.C. |
| | |
| 2. | The street address of the initial registered office is: |
| | 10 Hemming have, Connelly Id. 83615 |
| | and the name of the initial registered agent at the above address is: |
| | Heidi W. Woodruff |
| 3. | The mailing address for future correspondence is: |
| | P.O. Box 424, Donnelly, Fd. 83615 = 9 7 |
| 4. | Management of the limited liability company will be vested in: |
| | Manager(s) or Member(s) (please check the appropriate box) |
| 5. | If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the |
| | member(s), list the name(s) and address(es) of at least one initial member. |
| | member(s), list the name(s) and address(es) of at least one initial member. Name Address |
| | member(s), list the name(s) and address(es) of at least one initial member. |
| | member(s), list the name(s) and address(es) of at least one initial member. Name Address |
| | member(s), list the name(s) and address(es) of at least one initial member. Name Address |
| | member(s), list the name(s) and address(es) of at least one initial member. Name Address |
| | member(s), list the name(s) and address(es) of at least one initial member. Name Address |
| | member(s), list the name(s) and address(es) of at least one initial member. Name Address Heidi W. Woodruff D. Flemming Lane, Dinnelly Id. |
| 6. | member(s), list the name(s) and address(es) of at least one initial member. Name Address |
| | Name Address Heidi W. Woodruff ID Flemmung Lane, Dinnelly Id. Signature of at least one person responsible for forming the limited liability company: Signature: Signatu |
| | Signature of at least one person responsible for forming the limited liability company: Signature: Your Mooruff Signature: Your Mooruff Secretary of State use only Typed Name: He work Moorruff Name Address Address Secretary of State use only |
| | Signature of at least one person responsible for forming the limited liability company: Signature: Your Moodruft Signature: Your Moodruft Secretary of State use only Typed Name: He in your Moodruft Thank Secretary of State use only Thank Secretary of State use only Thank Secretary of State use only |
| • | Signature Signature Signature Signature Manager Cx: 88518822843444H CT: 17899 \$14,762941 Manager Cx: 8851882284344H CT: 17899 \$14,762941 Manager Cx: 8851882284344H CT: 17899 \$14,762941 Manager Cx: 8851882284344H CT: 17899 \$14,762941 |
| | Signature of at least one person responsible for forming the limited liability company: Signature: Your Modern Secretary of State use only Secretary of State use only Typed Name: Heidi W. Modern F. State 10 Flemming the limited liability company: Secretary of State use only 10 Flemming the limited liability company: Secretary of State use only 10 Flemming the limited liability company: Secretary of State use only 10 Flemming the limited liability company: Secretary of State use only 10 Flemming the limited liability company: Secretary of State use only 10 Flemming the limited liability company: Secretary of State use only 10 Flemming the limited liability company: Secretary of State use only 10 Flemming the limited liability company: |