

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

MHZ MAR 26 AN 9:36

(Instructions on back of application)

SECHETARY OF STAFF

| 1. The name of the limited liability company is:                            |                             | STATE OF IDAHO                                 |  |
|---|-----------------------------|--|--|
|   | Bannock II LLC              |  |  |
| 2. The complete street and mail   | ing addresses of the initia | al designated office:                          |  |
| 540 2nd Ave North, Suite 101, Ke  | tchum ID 83340              |  |  |
| (Street Address)  | ·····                       |  |  |
| PO Box 1271, Ketchum ID 83340 (Mailing Address, if different than street at |                             |  |  |
| 3. The name and complete stree  | et address of the registere | ed agent:                                      |  |
| Michael Page  |                             | 540 2nd Ave North, Suite 101, Ketchum ID 83340 |  |
| (Name)  | (Street Address)            | (Street Address)                               |  |
| 4. The name and address of at l company:                                    | least one member or mar     |  |  |
| <u>Name</u>   |                             | Address  |  |
| Michael Page  | 540 2nd Ave North,          | 540 2nd Ave North, Suite 101, Ketchum ID 83340 |  |
|   |                             |  |  |
|   |                             |  |  |
|   | <del></del>                 |  |  |
|   |                             |  |  |
|   | <del></del>                 |  |  |
|   |                             |  |  |
| 5. Mailing address for future cor   | respondence (annual rep     | ort notices):                                  |  |
| PO Box 1271, Ketchum ID 83340   |                             |  |  |
|   |                             |  |  |
| 6. Future effective date of filing  | (optional):                 | <del></del>                                    |  |
|   |                             |  |  |
| Signature of a manager, meml  | ber or authorized           |  |  |
| person.   |                             | Secretary of State use only                    |  |
| Signature ////  |                             |  |  |
| Typed Name: Michael Page  |                             |  |  |
|   |                             |  |  |
| Signature   |                             | IDANO SECRETARY OF STATE 03/26/2012 05:00      |  |
| Typed Name:   |                             | CK: 2097 CT: 268518 BH: 1316868                |  |

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