

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED/EFFECTIVE

(Instructions on back of application)

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| The name of the limited liability com | pany is: | STATE OF IDAHO |
|---|---|--|
| TGE, LLC | | |
| The street address of the initial regis | tered office is: | A., |
| 2422 E. Hill Rd., Ea | gle, ID 83616 | |
| and the name of the initial registered | l agent at the above add | ress is: |
| Daryl Tague | | |
| . The mailing address for future corres | spondence is: | |
| 2422 E. Hill Rd., Ea | gle, ID 83616 | |
| . Management of the limited liability co | ompany will be vested in | : |
| Manager(s) or Member(s) | (please check the appropria | te box) |
| If management is to be vested in one address(es) or at least one initial ma member(s), list the name(s) and add | nager. If management is | s to be vested in the nitial member. |
| Name | | Address |
| Daryl N. Tague | | d., Eagle, ID 83616 |
| | | |
| 6. Signature of at least one person res | onsible for forming the | imited liability company: |
| | 980 | Secretary of State use only |
| Typed Name: <u>Daryl N. Tague</u> Capacity: <u>Member</u> | pitorms/LLC forms/arfisoforganization.p65 Revised 07/2002 | |
| - · · · · · · · · · · · · · · · · · · · | is/artsoftx | |
| Signature | bringill Chamsi | IDANO SECRETARY OF STATE |
| Typed Name: | Pifforms | 08/21/2002 05 = CK: 9626 CT: 16268 BH: 4 |