

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2008 AUG -8 PM 1: 10

| | - (mod deliche of back) | or application) | SECRETARY OF STATE STATE OF IDAHO |
|------------|--|--------------------------------------|--|
| 1. | The name of the limited liability com | pany is: | STATE OF IDAHU |
| | | NTERNATIONAL LLC | |
| 2. | The complete street and mailing add | resses of the initial | |
| | (Street Address) | OND WAT BOIDE ID | 00710 |
| | (Mailing Address, if different than street address) | | |
| 3. | The name and complete street address of the registered agent: | | |
| | FRANK A. WHITE (Name) | 6203 N SPARKF (Street Address) | FORD WAY BOISE ID 83713 |
| 4. | The name and address of at least one member or manager of the limited liability company: | | |
| | <u>Name</u> | | Address |
| | FRANK A. WHITE | 6203 N. SPARKE | FORD WAY BOISE ID 83713 |
| | FLOYD BEA | 6203 N. SPARKFORD WAY BOISE ID 83713 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 5. | lailing address for future correspondence (annual report notices): | | |
| | 6203 N. SPARK | FORD WAY BOISE ID | 83713 |
| 6. | Future effective date of filing (optional | l): | |
| Sign | nature of organizer(s). (An organizer is a m g in behalf of a member or members). | nember, or is | |
| | \sim \sim | Q.W. | Secretary of State use only |
| _ | ed Name: FRANK A. WHITE | rg Ic.P | |
| тур | ed Name: FRANK A. WHITE | stoart_o | |
| Siar | nature | piforms/LLC forms/cset_org_llc.PMD | IDAHO SECRETARY OF STATE |
| Typ | ed Name: | TVsmo b besiw | CK: CASH CT: 228665 BH: 1130917 1 0 100.00 = 100.00 ORGAN LLC # |
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