

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED ETTECTIVE

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

| 1. | The name of the limited liability company is: | | | | |
|----|--|----------|---|---|--|
| | Cassiopeia, LLC | | | | |
| 2. | The street address of the initial registered office is: | | | | |
| | 909 Denise Street, Boise, Idaho 83706 | | | | |
| | and the name of the initial registered agent at the above address is: | | | | |
| | Philip M. Winters | | | | |
| 3. | The mailing address for future correspondence is: | | | | |
| | 909 Denise Street, Boise, Idaho 83706 | | | | |
| 4. | Management of the limited liability company will be vested in: | | | | |
| | Manager(s) or Member(s) (please check the appropriate box) | | | | |
| 5. | f management is to be vested in one or more manager(s), list the name(s) and address(es) or at least one initial manager. If management is to be vested in the nember(s), list the name(s) and address(es) of at least one initial member. | | | | |
| | Name Address | | | | |
| | Philip M. Winters 909 Denise Street, Boise, Idaho 83706 | | | | |
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| | $\Omega = \Omega$ | 1 | | | |
| | Signature of at least one person resortion Signature: | | orming the li | mited liability company: | |
| | Typed Name: Philip M. Winters | <u> </u> | 1,065 | Secretary of State use only | |
| | Capacity: Member | | anization | | |
| | Capacity. Member | | rtsoforga | | |
| | Typed Name: Philip M: Winters Capacity: Member Signature | | | IDAHO SECRETARY OF STATE | |
| | Typed Name: | | IDAHO SECRETARY OF STATE 96/25/2603 95:00 CK: 5543 CT: 155411 BH: 64796 | | |
| | Capacity: | | ατρ\for Re | CK: 5543 CT: 155411 BH: 687966 1 @ 100.00 = 100.00 ORGAN LLC # | |

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