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ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2007 JAN 16 AM 9: 22

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|----|---|---|
| 1. | The name of the limited liability comp 4 Wheel Mobility LLC. | any is: SECRETARY OF STATE STATE OF IDAHO |
| 2. | The street address of the initial registe 8511 West Oregon Street Rathdrun | |
| | and the name of the initial registered and Clifford Allen Hoisington | agent at the above address is: |
| 3. | The mailing address for future corresp 8511 West Oregon Street Rathdrur | |
| 4. | Management of the limited liability con | mpany 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. | |
| | Name | Address |
| | Clifford Allen Hoisington | 8511 West Oregon Street Rathdrum ID 83858 |
| 6. | Signature all All | onsible for forming the limited liability company: Secretary of State use only |
| | Typed Name: Clifford Allen Hoisingto Capacity: Manager Signature Typed Name: | IDAHO SECRETARY OF STATE ################################## |
| | Capacity: | |