

CERTIFICATE OF ORGANIZATION

| LIMITED LIABILITY COMPANY (Instructions on back of application) 10 SEP -3 AM 8: 30 |
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| (Instructions on back of application) |
| (Instructions on back of application) 1. The name of the limited liability company is: SECRETARY OF STATE STATE OF IDAHO |
| HIGH MAY CUSION TOOFING LLO. |
| 2. The complete street and mailing addresses of the initial designated/principal office: |
| (Street Address) Circle Levi JT. 8443 |
| (Mailing Address, if different than street address) |
| 3. The name and complete street address of the registered agent: |
| (Name) (Street Address) 83709 |
| 4. The name and address of at least one member or manager of the limited liability company: |
| NATHAN HARWARD 4179 Phymicials Lehi Vt 840 |
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| 5. Mailing address for future correspondence (annual report notices): 4777 Pilyrim Circle Lehi Ut 84043 |
| 6. Future effective date of filing (optional): |
| Signature of a manager, member or authorized person. |
| Secretary of State use only |
| Signature |
| Typed Name: 1 1771 1 177 177 187 187 187 187 187 18 |
| Signature 1 @ 188.90 = 189.90 DRGAN LLC # 2 |

cert_org_lic Rev. 07/2010

Typed Name:

W96127