

ARTICLES OF ORGANIZATIONLED/EFFECTIVE

(Instructions on back of application) | SEP 24 AM 9: 38

STATE OF IDAHO 1. The name of the limited liability company is: WATER POWER, L.L.C. 2. The address of the initial registered office is: 3397 Highlawn Dr., Twin Falls, ID 83301 --- and the name of the initial registered Jack Straubhar agent at that address is: _____ 3. The mailing address for future correspondence: 3397 Highlawn Dr., Twin Falls, ID 83301 4. Management of the limited liability company will be vested in: Manager(s) x 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 members, list the name(s) and address(es) of at least one initial member. Address Name 3397 Highlawn Dr., Twin Falls, ID 83301 Jack Straubhar 6. Signature of at least one person responsible for forming the limited liability company: Secretary of State use only IDAHO SECRETARY OF STATE 09/24/2001