

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

07 MAR 14 PH 4: 07

|   | Common Co |
|---|--|
| . The name of the limited liability                   | company is: SECRETARY OF STATE   |
| Tricon LLC  | STATE OF IDAHO   |
| 2. The street address of the initial r                | egistered office is:   |
| 4184 E. Aschli Lane, Idaho Fa                         |  |
|   |  |
|   | ered agent at the above address is:  |
| Monica Leishman                                       |  |
| 3. The mailing address for future co                  | prrespondence is:  |
| 548 E. Observation Dr. Meridia                        | an, ID 83642   |
| 4. Management of the limited liabili                  | ty company will be vested in:  |
| Manager(s) ✓ or Member(s)                             | · <u> </u>   |
|   | — Andrea and a special and   |
| •   | one or more manager(s), list the name(s) and   |
|   | I manager. If management is to be vested in the address(es) of at least one initial member.  |
|   |  |
| Name  | Address  |
| Clay Anderson   | 548 E. Observation Dr. Meridian ID 83642   |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| 6 Signature of at least one person                    | responsible for forming the limited liability company:   |
| N V 1/2 1/2   | responsible for forming the limited liability company:   |
| Signature:  | Secretary of State use only  |
| N V 1/2 1/2   |  |
| Signature: Clay Anderson                              | Secretary of State use only  |
| Signature: Clay Anderson Capacity: Manager  Signature | Secretary of State use only  |
| Signature: Clay Anderson Capacity: Manager            | Secretary of State use only  |