

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

06 AUG 28 PM 1: 20

| 1. | The name of the limited liability com | pany is: | SECRETARY OF STATE |
|---------------------|--|---|---|
| | BASSMORE ESTATES, LLC | | STATE OF IDAHO |
| 2. | The street address of the initial regis | stered office is: | |
| | 3319 Dewey St., Boise, ID 83703 | | |
| | | | |
| | and the name of the initial registered | agent at the above add | dress is: |
| | Dennis J. Whitmore | | |
| 3. | The mailing address for future correspondence is: | | |
| | 3319 Dewey St., Boise, ID 83703 | | |
| 4 . | Management of the limited liability co | ompany will be vested in | ı: |
| | Manager(s) ☐ or Member(s) ✓ | | |
| | | - | · |
| | | | |
| 5. | If management is to be vested in one | or more manager(s), lis | st the name(s) and |
| | address(es) of at least one initial mai | nager, if management is | s to he vested in the |
| | address(es) of at least one initial mai member(s), list the name(s) and add | nager, if management is | s to he vested in the |
| | address(es) of at least one initial mai | nager, if management is | s to he vested in the |
| | address(es) of at least one initial mai member(s), list the name(s) and add | nager. If management is ress(es) of at least one i | s to be vested in the initial member. Address |
| | address(es) of at least one initial mai member(s), list the name(s) and add Name | nager, if management is | s to be vested in the initial member. Address |
| | address(es) of at least one initial mai member(s), list the name(s) and add Name | nager. If management is ress(es) of at least one i | s to be vested in the initial member. Address |
| | address(es) of at least one initial mai member(s), list the name(s) and add Name | nager. If management is ress(es) of at least one i | s to be vested in the initial member. Address |
| | address(es) of at least one initial mai member(s), list the name(s) and add Name | nager. If management is ress(es) of at least one i | s to be vested in the initial member. Address |
| | address(es) of at least one initial mai member(s), list the name(s) and add Name | nager. If management is ress(es) of at least one i | s to be vested in the initial member. Address |
| | address(es) of at least one initial mai member(s), list the name(s) and add Name | nager. If management is ress(es) of at least one i | s to be vested in the initial member. Address |
| | member(s), list the name(s) and addinate Name Dennis J. Whitmore | nager. If management is ress(es) of at least one i | s to be vested in the initial member. Address se, ID 83703 |
| 6. 8 | Mame Dennis J. Whitmore Signature of at least one person response. | nager. If management is ress(es) of at least one i | s to be vested in the initial member. Address se, ID 83703 |
| 6. ; S | Mame Dennis J. Whitmore Signature of at least one person responses and action of the control o | nager. If management is ress(es) of at least one is 3319 Dewey St., Bois onsible for forming the lings. | s to be vested in the initial member. Address se, ID 83703 |
| 6. ; S T | Mame Dennis J. Whitmore Signature of at least one person respondent to the person respondent t | nager. If management is ress(es) of at least one is 3319 Dewey St., Bois onsible for forming the lings. | s to be vested in the initial member. Address se, ID 83703 mited liability company: |
| 6. ; S T | Mame Dennis J. Whitmore Signature of at least one person responses and action of the control o | nager. If management is ress(es) of at least one is 3319 Dewey St., Bois onsible for forming the lings. | s to be vested in the initial member. Address se, ID 83703 mited liability company: |
| 6. ; S T C | Mame Dennis J. Whitmore Dennis J. Whitmore Signature of at least one person response of the second person response of the s | 3319 Dewey St., Bois Onsible for forming the liter | s to be vested in the initial member. Address se, ID 83703 mited liability company: |
| 6. ; S T C | Mame Dennis J. Whitmore Signature of at least one person respondent to the person respondent t | 3319 Dewey St., Bois Onsible for forming the li | s to be vested in the initial member. Address se, ID 83703 mited liability company: |

CK: 2348 CT: 116676 BH: 972449 1 8 100.00 = 100.00 ORGAN LLC # 2