

ARTICLES OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2006 JUN -5 PH 12: 44

(Instructions on back of application)

| 1. | The name of the limited liability comp | any is: SEUNEIAHA OF STATE STATE OF IDAHO |
|--|---|---|
| 2. | The street address of the initial registered office is: 1749 S FAIRWAY POCATELLO ID 83201 | |
| | and the name of the initial registered a | gent at the above address is: |
| 3. | The mailing address for future correspondence is: 1749 S FAIRWAY POCATELLO ID 83201 | |
| 4. | Management of the limited liability company 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 |
| | ALVIN D FUNK | 1749 S FAIRWAY POCATELLO ID 83201 |
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| 6. Signature of at least one person responsible for forming the limited liability company: | | |
| | Signature: <u>Alvin D 7</u> Typed Name: ALVIN D FUNK | Secretary of State use only |
| | Capacity: MANAGER | rganizatio |
| - | Signature Typed Name: Capacity: | |