

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY **FILED EFFECTIVE**

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

2016 AUG 22 AM 10: 02

Complete and submit the application in duplicate. SECRETARY OF STATE STATE OF IDAHO

The name of the limited liability company is:

| (Remember to include the | words "Limited Lizbility Company," "Limited Company," or the abbreviations L.L.C. | , LLC, or LC) |
|---|---|--|
| The complete street and ma | ailing addresses of the principal office is: | |
| 817 South 1900 West, Spri | ingfield, Idaho 83277 | |
| (Street Address) | | |
| (Mailing Address, if different) | | |
| The name of the registered | agent and the street address of the registered agent: | |
| Daniel E. Grover | 817 S. 1900 W., Springfield, Idaho 83277 | |
| (Name) | (Address cannot be a post office box or postal mail box.) | |
| The name and address of a | t locations governor of the limited linkility commence | |
| Daniel E. Grover | It least one governor of the limited liability company: 817 S. 1900 W., Springfield, Idaho 83277 | |
| (Name) | (Address) | |
| Bonnie R. Grover | 817 S. 1900 W., Springfield, Idaho 83277 | |
| Name) | (Address) | |
| | | |
| Name) | (Address) | |
| | | |
| Name) | (Address) | |
| 14 tu 13 e e e | | |
| vialling address for future of 817 S. 1900 W., Springfield | orrespondence (annual report notices): | |
| (Address) | , Idano 652 <i>11</i> | |
| | | |
| ture of o rga nizer(s). | | ************************************** |
| ture: Warriel E | Secretary of State use only 1DAHO SECRETARY OF | STATE |
| d Name: Daniel E. Grover | 08/22/2016 05 | |
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Rev. 11/2015

Printed Name:

Bonnie R. Grover