

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 OCT 14 AM 8=0

SECRETARY OF STATE

| 1. 1 | The name of the limited liability comp | pany is: | STATE OF IDAHO |
|------------|--|--------------------------------------|-----------------------------|
| | Carlson H | all Scott Angel Fund I | |
| 2. 1 | The complete street and mailing addresses of the initial designated/principal office: | | |
| | | Street, Boise, ID 83 | 702 |
| | (Street Address) | Same | |
| | (Mailing Address, if different than street address) | | |
| 3. 1 | The name and complete street addre | ess of the registere | d agent: |
| | Koret Hall | | annah Ct., Boise, ID 83714 |
| | (Name) | (Street Address) | |
| | The name and address of at least on company: | e member or man | |
| | Name | Address | |
| | Margaret E Carlson | 2109 Clai | emont, Boise, ID 83702 |
| | Koret Hall | 7840 W Savannah Ct., Boise, ID 83714 | |
| | Sheryl Scott 4929 Hollow Lane, Bo | | w Lane, Boise, ID 83702 |
| 5. N | Mailing address for future correspond | dence (annual rep | ort notices): |
| . . | • | 465 Main St., Boise, I | - |
| Signa | Future effective date of filing (optional ature of organizer (s). (An organizer is a r | | |
| acting | in behalf of a member or members). | | Secretary of State use only |
| Cian. | ature Marguet Car | groonplomeNLC formstoart_org_ltc.PMD | |
| Signa | | | |
| • | d Name: Margaret E Carlson | \$ | |

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