

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 MAY -6 AH 9: 22

| VE ± V | (instructions on back of application | n) | SECRETARY OF STATE |
|--------------------------|---|------------------|---|
| 1. The r | name of the limited liability company is: | | STATE OF IDAHO |
| | SELWAY INVESTMENTS, LLC | | |
| 2. The | e complete street and mailing addresses of the initial designated office: | | |
| | | oise. To | 83114 |
| (Stree | t Address) | - | |
| (Maili | ng Address, if different than street address) | | |
| 3. The r | name and complete street address of the re | gistered agen | t: |
| (Nam | SSOUR BINGUNE III 5750 (Street Address |) N. CHIN | BEN BURN BAILE, TO |
| 4. The r | name and address of at least one member opany: | or manager of | the limited liability |
| 0 | Name | Addr. | ess |
| ./(m | Name SSELL P BIAGRAE III 1834 | C. FORTOR | 43616 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 5 Mailir | ng address for future correspondence (annu | ual report potic | vec). |
| | FO W. Chidoral Bevo, Boise | • | ' |
| <u> </u> | CHIANZA VIEVO, ISBISE | <u> </u> | <u> </u> |
| 6. Futur | e effective date of filing (optional): | | |
| | | | |
| Signatur | e of a manager, member or authorized | | |
| • | | Se | ecretary of State use only |
| Signature R Vanagers III | | | DAHO SECRETARY OF STATE |
| Typed Name: | | | 05/06/2014 05:00 88 CT:296530 BH:1423498 |
| | | | .00 = 100.00 ORGAN LLC |
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| Typed Na | ame: | | |

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