

## **ARTICLES OF ORGANIZATION** LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

OL NOV 12 AM 8: 20

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|----|--|--|--|
| 1. | The manual of the minimum map may com                          | pany is:   | OF OTHER STATE OF A TE                     |
|    | Eagle Capital Associaties, LLC                                 | The state of the s | SECRETARE OF STATE  STATE OF IDAHO         |
| 2. | The street address of the initial registered office is:        |  |  |
|    | 4770 Riverine Place, Boise, ID 8                               | 3714   |  |
|    | and the name of the initial registered William C. Van Dam      | agent at the above address is:   |  |
| 3. | The mailing address for future correspondence is:              |  |  |
|    | 4770 Riverine Place, Boise, ID 83714                           |  |  |
| 4. | Management of the limited liability company will be vested in: |  |  |
|    | Manager(s) ☐ or Member(s) ✓                                    | (please check the appropriate box)   |  |
| 5. | address(es) of at least one initial mar                        | one or more manager(s), list the name(s) and<br>manager. If management is to be vested in the<br>address(es) of at least one initial member.   |  |
|    | Name   | Address  |  |
|    | Van Dam HeritageV L.P.   | 5390 Lockhaven, Buena Park   | , CA 90620                                 |
|    | William C. Van Dam   | 4770 Riverine Pl., Boise, ID 83714   |  |
|    | Enmeier Family Trust   | 256 Vista del Oceana, San Clemente CA92672   |  |
|    |  |  |  |
|    | Signature of at/least one person response                      | onsible for forming the limited liab   | ility company:                             |
|    | Signature: William C. Van Dam                                  | Corretor a   | f State use only                           |
|    | yped Name: William C. Van Dam Capacity: Member                 | nization, r  |  |
|    | rupuoity,  | Poltoms/LLC forms/artsoforganization. Revised 07/2002  |  |
| S  | signature  | omslari  |  |
| T  | yped Name:   | mswLCri  | IDAHO SECRETARY OF STATE<br>/12/2004 05:00 |
|    | Capacity:  | E & CK:  | 1817 CT: 179866 BH: 776832                 |

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