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Signature:

| ON WASHINGTON | CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY                      | File |
|---------------|--|------|
|               | Title 30, Chapters 21 and 25, Idaho Code                                   | Date |
|               | Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be ty | ped) |

| 1.   | The name of the limited liability co  | ompany is:  | /2025              |  |
|------|---|---|--------------------|--|
|      | (Remember to include the word   | ds "Limited Liability Company," "Limited Company, "or the abbreviations L.L.C., LLC. or LC) | 11                 |  |
| 2.   | The complete street and mailing addresses of the principal office is: 784 S. Clearwater Loop STE R Post Falls, ID 83854 |   | : 16               |  |
|      | (Street Address:  |   | AM                 |  |
|      | (Mailing Address, if different)   |   | <del>70</del><br>0 |  |
| 3.   | The name and complete street address of the registered agent:   |   |                    |  |
|      | Registered Agents Inc   | 784 S. Clearwater Loop STE R Post Falls, ID 83854   | eceive             |  |
|      | (Name)  | (Address)   | Ď.                 |  |
| 4.   | The name and address of at least  | t one governor of the limited liability company:  | λq                 |  |
|      | Lee Stimpson  | 185 E 15th St, Idaho Falls ID 83404   | <u> </u>           |  |
|      | (Name)  | (Address)   | Hn                 |  |
|      |   |   | i Ce               |  |
|      | (Name)  | (Address)   | 0<br>H             |  |
|      | (Name)  | (Address)   | 9d                 |  |
|      | -Pyanje)  | (Address)   | <u> </u>           |  |
| 5.   | Mailing address for future corresp  | pondence (annual report notices):   | Idaho              |  |
|      | 784 S. Clearwater Loop STE  | R Post Falls, ID 83854  | Ø                  |  |
|      | 'Mailing Address)   |   | G                  |  |
| Sigr | nature of organizer(s).   |   | retary             |  |
| Prin | Printed Name: Lee Stimpson Secretary of State use only  |   |                    |  |
| Sigr | nature: Le Minim  | >   | 0<br>Hi            |  |
| ⊃rin | ted Name:   | !   | State              |  |