

ARTICLES OF ORGANIZATION FILED/EFFECTIVE

(Instructions on back of application)

01 OCT -2 AN 8: 44

STATE OF TOAHO 1. The name of the limited liability company is: ___SAGE ASSET MANAGEMENT, L.L.C. 2. The address of the initial registered office is: 864 FILER AVENUE, TWIN FALLS, IDAHO ____ and the name of the initial registered agent at that address is: LISA DONNELLEY 3. The mailing address for future correspondence: 864 FILER AVENUE, TWIN FALLS, IDAHO 83301 4. Management of the limited liability company will be vested in: Manager(s) or Member(s) . (please check the appropriate box) 5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the members, list the name(s) and address(es) of at least one initial member. Name Address 864 FILER AVENUE, TWIN FALLS, ID 83301 LISA DONNELLEY 864 FILER AVENUE, TWIN FALLS, ID 83301 DAN DeKRUYF 6. Signature of at least one person responsible for forming the limited liability company: Signature LISA DONNELLE Typed Name Secretary of State use only Capacity MANAGING MEMBER Signature IDAHO SECRETARY OF STATE Typed Name _____ 16/62/2001 05:00 CK: 5892 CT: 151978 BH: 422194 6 100.00 = 100.00 ORGAN LLC # 2 Capacity