

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

SELECTIVE STATE OF IDAHO

(Instructions on back of application)

| 1.  | The name of the limited liability company is: B & M Investments, LLC   |             |  |       |                                       |                   |
|---|--|-------------|--|-------|---------------------------------------|-------------------|
| 2.  | The street address of the initial registered office is: 108 S. Fourth, Dover,  |             |  |       |                                       |                   |
|   | agent at the above address is: BRETT EVANS   |             |  |       |                                       |                   |
| 3.  | The mailing address for future correspondence: P.O. BOX 111, Dover, Idaho  |             |  |       |                                       |                   |
| 4   | 83825  Management of the limited liability company will be vested in:  |             |  |       |                                       |                   |
| 7.  | Manager(s) 区 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 |             |  |       |                                       |                   |
|   | BRETT EVANS P  | ٠.٥.        | вох  | 111,  | DOVER, ID                             | 83825             |
|   | MATTHEW PARDUE P   | ٠.٥.        | вох  | 1054, | SAGLE, ID                             | АНО 83860         |
|   |  |             |  |       |                                       |                   |
|   |  |             |  |       | · · · · · · · · · · · · · · · · · · · |                   |
|   |  |             |  |       |                                       |                   |
| 6. Signature of at least one person responsible for forming the limited liability company:  Signature |  |             |  |       |                                       | any:              |
|   |  |             |  |       |                                       |                   |
|   | Typed Name BRETT EVANS   |             | 99ď.u  |       | Secretary of State to                 | use only          |
|   | Capacity Manager   | <del></del> | ganizatio<br>1   |       |                                       |                   |
|   | Signature Matting and  |             | artsofor<br>01/200                                       |       |                                       |                   |
|   | Typed Name MATTHEW PARDUE  | ,           | forms\   |       | Thain si                              | ECRETARY OF STATE |
|   | Capacity Manager   |             | orms/LLC forms/artsolorganization.p65<br>Revised 01/2001 |       | 96/94/                                |                   |