

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2003 OCT - 1 AM 9: 05

| 1. | The name of the limited liability comp | • | STATE OF IDAHO | |
|--|---|---|---|--|
| _ | | | | |
| 2. | The street address of the initial registered office is: | | | |
| | 1820 W. Prairie Ave. Coeur d'Aler | ne, ID 83815 | | |
| | and the name of the initial registered agent at the above address is: | | | |
| | James R. Shelly | | | |
| 3. | The mailing address for future correspondence is: | | | |
| | 1820 W. Prairie Ave. Coeur d'Alend | e, ID 83815 | | |
| 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 member(s), list the name(s) and address(es) of at least one initial member. | | | |
| | Name | Address | | |
| | James R. Shelly, Sr. | 1820 W Pra | irie Ave Coeur d'Alene, ID 83815 | |
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| 6. Signature of at least one person responsible for forming the limited liability company: | | | ning the limited liability company: | |
| | Signature: Dures C. Shelly | · | | |
| | Typed Name: James R. Shelly | Bon.p65 | Secretary or State use only | |
| (| Capacity: Owner | | | |
| | | orpiomsit. Cforms iams of organization. 665 | 24 | |
| | Signature | | IDAHO SECRETARY OF STATE 10/01/2003 05:00 | |
| | Typed Name: Capacity: | - Comst.L. | IDAHO SECRETARY OF STATE 10/01/2003 05:00 | |
| | Jauacity: | [章 | CK: NO CK # CT: 144911 BH: 704369 | |