

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

| | LIMITED LIABILITY COMPANY |
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| | (Instructions on back of application) The name of the limited liability company is: Number Hill Faul LLC |
| 1. 1 | The name of the limited liability company is: |
| | Mindy's Number Hill Gnll Lec |
| 2 1 | The complete street and mailing addresses of the initial designated office: |
| | 242 S. Front St. Arco, 1d 83213 |
| | (O) (A 4 A) |
| | (Street Address) 3289 W 3175 N : Moore, Id 93255 (Mailing Address, if different than street address) |
| 3. 1 | The name and complete street address of the registered agent: |
| | Melinda Cummins 3299 W 3175 N MODY, Id 83255 (Street Address) |
| | The name and address of at least one member or manager of the limited liability company: |
| | Name Address |
| | Melinda Cummine 3289 W 3/75 N. MODEC, 11 83255 |
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| 5. R | Mailing address for future correspondence (annual report notices): |
| | 3289 W 3175 N. Moore, ld 83255 |
| 6. F | uture effective date of filing (optional): |
| | |
| Sign | ature of a manager, member or authorized |
| - | Secretary of State use only |
| Signa | d Name: Melinda Cummins |
| Туре | d Name: Melinda Cummins |
| | |
| Signa | ature |
| Type | d Name: IDAHO SECRETARY OF STATE 95.16/2012 95.200 |
| | 05/16/2012 05:00 CK: 1318 CT: 276447 BH: 1324349 1 8 180.88 = 180.80 DRGAN LLC # 2 |
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