

2014 OCT 31 PM 3: 20 (Instructions on back of application) SECRETARY OF STATE STATE OF IDAHO 1. The name of the limited liability company is: 2. The complete street and mailing addresses of the initial designated office: (Mailing Address, if different than street address) The name and complete street address of the registered agent: 4. The name and address of at least one member or manager of the limited liability company: 5. Mailing address for future correspondence (annual report notices): Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature ____

IDAHO SECRETARY OF STATE

10/31/2014 05:00 CK:CASH CT:302781 BH:1447682 10 100.00 = 100.00 ORGAN LLC #2

W143905

Typed Name:

Signature

Typed Name: Januar Mare

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