

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 JAN 15 PM 3: 06

| الالاث | (Instructions on bac | ck of application) | SECRETARY OF STATE |
|--|--|--------------------|---|
| 1. The nar | me of the limited liability or | ompany is: | STATE OF IDAHO |
| | <u> </u> | Aina, LLC | |
| 2. The cor | ne complete street and mailing addresses of the initial designated office; | | |
| 250 S. | 250 S. 5th Street, Suite 660, Boise, Idaho 83702 | | |
| (Street A | ddress) ox 9500, Boise, Idaho 83707-95 | 00 | |
| | Address, if different than street address) | | |
| 3. The na | he name and complete street address of the registered agent: | | |
| Edward | I D. Ahrens | 250 S. 5th Street | Suite 660, Boise, Idaho 83702 |
| (Name) | | (Street Address) | |
| The nai compar | | one member or m | nanager of the limited liability Address |
| Edward | I D. Ahrens, Trustee of Aina | 250 S. 5th Street | , Suite 660, Boise, Idaho 83702 |
| Trust # | 1, U/T/A dated January 13, 2015 | 5 | |
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| | | | |
| 5. Mailing | address for future correspond | ondence (annual i | report notices): |
| _ | x 9500, Boise, Idaho 83707-950 | • | · |
| | | | |
| 6. Future | effective date of filing (option | onal): | · |
| | | | |
| Signature i person. | of a manager, member of | or authorized | |
| | er ra m | | Secretary of State use only |
| Signature _ | Edward D. ahren | ns_ | IDAHO SECRETARY OF STATE |
| yped Name: Edward D. Ahrens, Trustee | | | 01/15/2015 05:00 |
| | | | CK:6608 CT:84162 BH:14573 |
| Signature_ | | | 10 100.00 = 100.00 ORGAN LLO 10 20.00 = 20.00 EXPEDITE O |
| Typed Nam | | | |

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