## **ARTICLES OF ORGANIZATION** EMITED LIABILITY COMPANY (Instructions on back of application) 9: 19

| -  | TSTALL OF THE O                           | STATE OF WAHO  |
|----|---|--|
| 1. | The name of the limited liability compa   | any is:  |
| 2. | The address of the initial registered off | ice is: 642 N 3300 E Menan, Idaho 83434  |
|    | agent at that address is: Allen Fullm     | and the name of the initial registered   |
| 3. |   | Idaho 83434  |
| 4. |   |  |
|    | Manager(s) ☐ or Member(s) ☒ . (plea       | ·  |
| 5. |   | r more manager(s), list the name(s) and address(es) of nent is to be vested in the members, list the name(s) and ber.  Address |
|    | Allen Fullmer                             | 642 N 3300 E Menan, Idaho 83434  |
|    | R. Dean Fullmer                           | P.O. Box 280 Menan, Idaho 83434  |
|    |   |  |
|    |   |  |
|    |   |  |
| 6. | Signature of at least one person respon   | sible for forming the limited liability company:   |
|    | - Ull Alle                                | IDANO SECRETARY OF STATE   |
|    |   | Secretary of State use only  12/27/1999 69:60  CK: 1320 CT: 124423 BH: 276238  1 1 186.86 = 188.86 DRSAN LLC 11 2              |
|    |   |  |
|    |   | $\sim$ $\omega$ /0580  |