FILED EFFECTIVE



Capacity _____

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

2007 HAY 10 AM 8: 26

(Instructions on back of application)

SECRETARY OF STATE 1. The name of the limited liability company is: The Quinn Group STICTE OF IDAHO 2. The address of the initial registered office is: 725. S. Greensferry Rd. Post Falls, Idaho 83854 (County of Kootenai) _____ and the name of the initial registered agent at that address is: Shawn Quinn 3. The mailing address for future correspondence: 725 S. Greensferry Rd., Post Falls, Idaho 83854 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 members, list the name(s) and address(es) of at least one initial member. <u>Address</u> Name Shawn Quinn c/o: Angela Quinn 725 S. Greensferry Rd., Post Falls, Idaho 83854 6. Signature of at least one person responsible for forming the limited liability company: Signature Typed Name LegalZoom.com, Inc. (Organizer) Secretary of State use only Capacity By: Karla Figueroa, Assistant Secretary Whasoy Signature Typed Name IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE 05/10/2007 05:00 CX: 4965 CT: 168878 BH: 1652780 1 8 188.88 = 188.88 (PROM. 1.C. = 2